



# Independent evaluation of the capacity of UNFPA in humanitarian action 2019–2025

Case Study

Colombia



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# Acronyms and Initialisms

<b>Acronym</b>	<b>Definition</b>
AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
CERF	Central Emergency Response Fund
CMR	Clinical Management of Rape
COVID	Coronavirus Disease
CPD	Country Programme Document
CSE	Comprehensive Sexuality Education
DANE	Departamento Administrativo Nacional de Estadística (National Administrative Department of Statistics)
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GBVIMS	GBV Information Management System
GDP	Gross Domestic Product
HDI	Human Development Index
HDP	Humanitarian-Development-Peace
HIV	Human Immunodeficiency Virus
HQ	Headquarters
IDP	Internally Displaced Person
MISP	Minimum Initial Services Package
NGO	Non Governmental Organization
PSS	Psychosocial support
RCO	Resident Coordinator's Office
RH	Reproductive Health
SADD	Sex, Age and Disability Disaggregation
SP	Strategic Plan
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
UN	United Nations
UNDAF	UN Development Assistance Framework
UNEG	UN Evaluation Group
UNSDCF	UN Sustainable Development Cooperation Framework
WFP	World Food Programme
WG	Working Group
WHO	World Health Organisation

# Introduction

The purpose of this evaluation is to:

- Assess and report on how the UNFPA capacity to prepare for and respond to emergencies has evolved based on the lessons learned and recommendations from the 2019 evaluation of the UNFPA capacity in humanitarian action (accountability).
- Draw lessons for UNFPA's present and future humanitarian action in view of the implementation of the next UNFPA strategic plan (learning).

The objectives of the evaluation are to:

- a. Assess the relevance of UNFPA's humanitarian programming and, in particular, its ability to adapt to emerging changes in both the scale and nature of emergency responses worldwide and the related needs of different categories of affected people;
- b. Assess the extent to which UNFPA's internal systems, processes, policies and procedures (in particular human and financial resources) allow for efficient and timely humanitarian action at all levels of the organization (global, regional, and national). progress on institutionalization and standardization of processes related to its SRHR and GBV inter-agency mandates, as well as UNFPA's approach on preparedness and pre-positioning of humanitarian supplies;
- c. Assess the effectiveness as well as the coverage of UNFPA's humanitarian interventions, in terms of preparedness, anticipatory action, response to and recovery from humanitarian crises across different thematic areas (GBViE, SRHRiE, young people in emergencies, and data for humanitarian assistance etc.) and locations;
- d. Analyze the extent to which humanitarian principles, humanitarian minimum standards, human rights, gender equality, disability inclusion, climate action, and social and environmental standards are integrated in UNFPA's humanitarian programming;
- e. Analyze UNFPA's ability to strengthen the "resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts" in line with the humanitarian-development-peace (HDP) nexus approach;
- f. Propose recommendations for UNFPA's present and future humanitarian action.

The scope of the evaluation has the following dimensions:

- o Geographically: All countries, regions, and globally, with a focus on all countries considered as "priority countries" by UNFPA since 2019.
- o Thematically: All UNFPA strategies and programmes implemented in humanitarian settings.
- o Temporally: From 2019 to the end of the data collection phase in 2024/2025.

The primary intended users of the evaluation are:

- (i) UNFPA senior management;
- (ii) The UNFPA Humanitarian Response Division;
- (iii) Other UNFPA business units at headquarters;
- (iv) UNFPA regional and country offices.

The results of the evaluation should also be of interest to a wider group of stakeholders, such as UNFPA Executive Board members and other United Nations organizations.

The purpose of this country briefing note is to complement the evaluation report with a standalone country-specific document (annexed to the evaluation report) that presents initial findings within the framework of the evaluation questions for Colombia.

## Methodology

Evidence for this country note (both qualitative and quantitative) has been collected through a range of methodologies, including:

- Key informant interviews (see Annex I for list of key informants),
- Desk review of documentation (see Annex II for list of documentation reviewed),
- Group interviews with providers of services supported by UNFPA through its implementing partners,
- Community-based focus-group discussions (FGDs).

The country field visit was conducted in accordance with the United Nations Evaluation Group (UNEG) *Norms and Standards for Evaluations*, the UNEG *Ethical Guidelines for Evaluations*, the UNFPA *Country Programme Evaluation Handbook*, and the WHO *Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*, and with adherence to the following principles:

- **Consultation** with, and participation by, key stakeholders
- **Methodological rigor** to ensure that the most appropriate sources of evidence for answering the evaluation questions are used in a technically appropriate manner
- **Technical expertise and expert knowledge** to ensure that the assignment benefits from knowledge and experience in the fields of gender-based violence (GBV) and sexual and reproductive health and rights (SRHR)
- **Independence** to ensure that the findings stand solely on an impartial and objective analysis of the evidence.

The Colombia country field mission was conducted from March 17 to 21 2025. The mission included field visits to two departments where UNFPA conducts humanitarian programming as well as interviews with UNFPA and external stakeholders staff in Bogota. The team conducted interviews with 39 key informants and 10 female FGD participants (members of UNFPA-supported safe spaces. For a full list of key informants, see Annex I. The schedule of interviews and visits is presented in Annex III.

# Background

## Colombia Country Context

Colombia, a diverse South American country of approximately 52 million people, has, over the past decade, maintained a generally stable and democratic governance structure characterized by regular elections and peaceful transitions of power. However, significant challenges remain. The 2016 peace accord led to the demobilization of thousands of former combatants and established mechanisms for transitional justice and rural development. Yet, as of 2023, full implementation remains incomplete, particularly regarding gender-focused provisions, of which only about 12% have been realized.<sup>1</sup> Persistent violence from other armed groups, such as the ELN and various criminal factions, continues to pose threats, particularly in remote rural and border regions.

Socioeconomically, Colombia has achieved moderate progress in poverty reduction. The national poverty rate is decreasing but remains high, with roughly 30 per cent of the population (16m people) living below the poverty line as of 2023.<sup>2</sup> Inequality is severe, notably between urban and rural areas, disproportionately affecting indigenous and Afro-Colombian communities.



Figure : Map of Colombia

The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

<sup>1</sup> United Nations Verification Mission in Colombia, 9374th Meeting SC/15353, 12 July 2023

<sup>2</sup> World Bank, 2025

The 2020 COVID-19 pandemic led to a severe economic contraction (around 7 per cent GDP decrease), accompanied by surging unemployment and poverty. The government's robust response, including cash transfers, food aid, and healthcare facilitated a strong rebound in 2021 (10.7 per cent GDP growth) and 2022 (7.5 per cent GDP growth). Despite recovery, the crisis highlighted structural issues such as labour informality and gaps in healthcare provision, especially affecting vulnerable populations.

Access to healthcare, particularly SRH services, has been significantly impacted by Colombia's ongoing humanitarian crises. Healthcare services have been severely disrupted in regions affected by armed violence and displacement, leaving many communities without reliable access to essential care. The COVID-19 pandemic further strained the system, exacerbating inequalities and resulting in worsening health outcomes, especially for women in indigenous and Afro-Colombian communities.<sup>3</sup>

GBV remains a critical concern, particularly in conflict-affected regions.<sup>4</sup> Armed groups use sexual violence as a tactic of control and intimidation, and intimate partner violence is widespread throughout the country. LGBTQ+ populations also face heightened risks in conflict-affected and displacement contexts, with inadequate protection mechanisms.<sup>5</sup>

The influx of Venezuelan refugees and migrants has compounded Colombia's humanitarian challenges. Colombia hosts approximately 3 million Venezuelans, the largest number globally, many of whom arrived between 2018–2019. Venezuelan women migrants are particularly vulnerable, experiencing barriers to accessing healthcare, heightened risks of GBV, and exploitation.<sup>6</sup> Colombia implemented the Temporary Protection Status (TPS) in 2021, regularizing around 2.4 million Venezuelans, thereby facilitating better access to public services, employment, and integration opportunities.<sup>7</sup> However, substantial humanitarian needs remain unmet, especially in border regions like Norte de Santander, Arauca, and La Guajira, where Venezuelan migrants and internally displaced Colombians coexist under challenging conditions.

Geographically, the humanitarian crisis is widespread, affecting various regions differently. The Pacific coast and Amazonian departments endure ongoing conflict, confinement, and displacement due to fighting among armed groups competing for territorial control.<sup>8</sup> This instability has severely disrupted livelihoods and hindered humanitarian access, making service provision difficult. Cities face significant pressures, hosting large populations of IDPs and Venezuelan migrants, and experience overcrowding, inadequate housing, and strained public services, further complicating humanitarian responses.

Humanitarian assessments for 2024 projected that up to 4.71 million people in Colombia would need assistance related to the Venezuela situation, including migrants, refugees, and affected host communities. Venezuelan women and girls are a priority for SRH and GBV services, as they face risks of trafficking, survival sex, and inadequate prenatal care. Colombia's response, supported by the Regional Refugee and Migrant Response Plan (RMRP), has transitioned from emergency aid to longer-term strategies like vaccination campaigns, school enrolment for Venezuelan children, and livelihood projects.

## UNFPA Colombia Country Office

The humanitarian response efforts of UNFPA in Colombia are structured around successive Country Programme Documents (CPD), with those relevant to this review being the sixth (2015–2019) and seventh (2021–2024) CPDs. These strategies have been supported by Annual Country Programme Plans linked to the UNFPA strategic priorities and those of the relevant UNSDCFs (most notably the 2020–2023 UNSDCF).

Since 2019, UNFPA in Colombia has established key strategic and operational priorities for its humanitarian response programming that have been shaped by the ongoing impacts of the armed conflict, increasing humanitarian needs, the Venezuelan migration crisis, and natural disasters, all while aiming to strengthen

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<sup>3</sup> [unfpa.org](https://unfpa.org); [who.int](https://who.int)

<sup>4</sup> [acaps.org](https://acaps.org)

<sup>5</sup> [acaps.org](https://acaps.org)

<sup>6</sup> [healthcluster.who.int](https://healthcluster.who.int)

<sup>7</sup> [reporting.unhcr.org](https://reporting.unhcr.org)

<sup>8</sup> [civil-protection-humanitarian-aid.ec.europa.eu](https://civil-protection-humanitarian-aid.ec.europa.eu)

national and local capacities to respond effectively. The overarching goal is in line with the UNFPA transformative results, i.e. to ensure access to integrated quality SRH services and prevent and respond to GBV in humanitarian settings, with a particular focus on vulnerable populations.

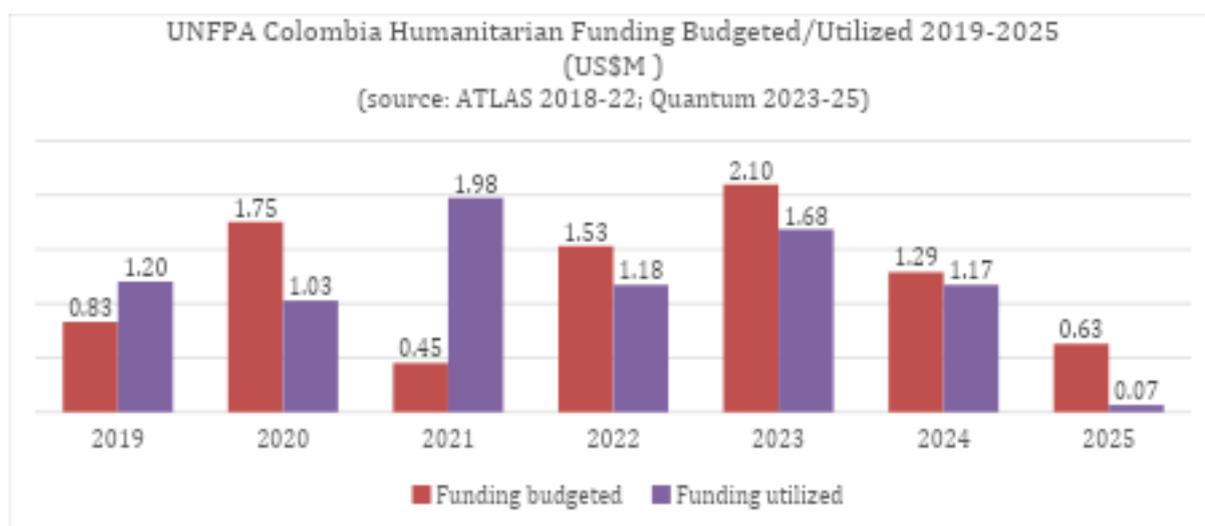
Between the sixth and seventh CPDs for UNFPA in Colombia, several changes in strategic and programmatic priorities and planned actions related to humanitarian response programming are evident. While both CPDs recognize the importance of addressing humanitarian needs, particularly in the context of armed conflict, the seventh CPD shows a major shift to the humanitarian needs arising from the Venezuelan migration crisis. The seventh CPD dedicates a significant portion of its **"Migration as a Development Factor"** outcome to providing integrated, differential, coordinated, and quality humanitarian assistance to Venezuelan migrants, returning Colombians, and host communities. This includes specific UNSDCF joint outputs and indicators focused on ensuring access to SRH services and addressing GBV for these populations in prioritized municipalities and localities.

Both CPDs recognize the importance of working with partners. However, the seventh CPD places a **stronger emphasis on inter-agency coordination and explicitly positions UNFPA in a leadership role** within this coordination for SRHR and GBV in humanitarian settings. It highlights the need to work together with other relevant agencies to coordinate and strengthen the response. The Results and Resources Framework (RRF) for 2021-2024 includes indicators specifically related to the functionality of inter-agency coordination mechanisms for SRH and GBV in emergencies. While the sixth CPD mentions the inclusion of SRHR and GBV in local humanitarian contingency plans, the seventh CPD details the need for an "updated strategy to coordinate the response in the territory and ensure compliance with minimum standards in the humanitarian response in SRH and GBV by interagency coordination mechanisms".

The seventh CPD also explicitly articulates the aim to **develop strategies to operationalize the humanitarian-development-peace nexus across its programme interventions**, particularly in contexts of violence, poverty, and high migration.

While both CPDs prioritize vulnerable groups, the seventh CPD provides a **more detailed and specific enumeration of these populations within humanitarian settings**, including not only those affected by armed conflict, rural dwellers, indigenous and Afro-descendant populations, adolescents and youth, and women (as in the sixth CPD), but also explicitly including migrants, people with disabilities, and ex-combatants. The seventh CPD also emphasizes differentiated approaches to reach these diverse groups in humanitarian responses.

The seventh CPD demonstrates a **stronger alignment with broader United Nations frameworks**, specifically referencing the 2020-2023 UNSDCF for Colombia and the humanitarian response plan. UNFPA's contributions to specific UNSDCF outcomes and joint outputs related to humanitarian action are clearly outlined in the RRF. While the sixth CPD aligns with the UNDAF 2015-2019, the seventh CPD provides a more integrated picture of how UNFPA's humanitarian programming contributes to the overarching UN humanitarian strategy in Colombia (as articulated in successive Humanitarian Response Plans (HRPs)).



# Findings

EQ1. (Relevance/Appropriateness) To what extent do UNFPA's humanitarian strategy and programmes correspond to the identified needs of affected populations, including the needs of the marginalized and vulnerable groups, while remaining aligned with the UNFPA mandate?

## FINDINGS

Finding 1. UNFPA Country Programme Documents (CPDs) in Colombia during the 2019-2024 period demonstrate a progressive integration of commitments to the global architecture governing humanitarian action, with varying degrees of alignment with the UNFPA Global Strategic Plan, the UNSDCF, and the UNDAF.

Finding 2. UNFPA Colombia demonstrates a consistent effort to integrate its mandate areas within humanitarian planning documents for Colombia, particularly in the RMRPs and through specific projects and coordination mechanisms although gaps in data disaggregation, specific needs and national capacities to adequately respond exist.

Finding 3. Although a range of humanitarian needs assessments are conducted in Colombia to, there are acknowledged gaps and challenges related to data collection, analysis and disaggregation (especially by nationality and for specific sectors like health), and relating to the specific needs of certain vulnerable groups (like youth and people with disabilities), and ensuring that preparedness and assessment strategies are relevant across different types of emergencies.

**Finding 1. UNFPA Country Programme Documents in Colombia during the 2019-2024 period demonstrate a progressive integration of commitments to the global architecture governing humanitarian action, with varying degrees of alignment with the UNFPA Global Strategic Plan, the UNSDCF, and the UNDAF.**

UNFPA CPDs in Colombia over the 2019-2024 period show increasingly integrated commitments to the global humanitarian architecture, particularly in the extant CPD (2021-2024). These documents are generally well-aligned with the UNFPA Global Strategic Plans and the relevant UN frameworks for development cooperation (UNDAF 2015-2019 and UNSDCF 2020-2023). Specifically:

### Alignment within CPDs:

- The **CPD for 2015-2019** acknowledges the possibility of reprogramming activities, especially life-saving measures, in consultation with the Government to better respond to humanitarian situations. The evaluation of this CPD highlighted that UNFPA created tools for working on SRHR in humanitarian contexts.<sup>9</sup>
- The **CPD for 2021-2024** explicitly mentions the need for UN support under UNFPA's leadership, together with other relevant agencies, in coordinating and strengthening the response in SRHR and GBV in humanitarian settings. It also states that activities must consider the impact of the COVID-19 pandemic and follow established mitigation protocols. This signifies a more explicit integration of humanitarian concerns and coordination mechanisms in the later CPD.
- UNFPA's role in leading coordination in humanitarian settings is highlighted in several sources. UNFPA co-leads the SRH working group and GBV sub-cluster as key coordination spaces for the national humanitarian response. This leadership is evident from documented reports, minutes etc. from 2020 and beyond and attested to by evaluation key informants (discussed further under EQ7 below).

### Alignment with UNFPA Global Strategic Plans:

- **The VI Programme of Country (2015-2019)** was framed within the UNFPA Strategic Plan 2014-2017, with a focus on reducing maternal mortality and universal access to SRHR. It was also aligned with the emerging UNFPA Strategic Plan 2018-2021, which emphasized ending preventable maternal deaths, ending unmet needs for family planning, and ending GBV and harmful practices.

<sup>9</sup> Evaluación del Programa de País del UNFPA: Colombia, 2015–2019, UNFPA 2020

The evaluation of this CPD concluded that it aligned with the principles of the UNFPA Strategic Plan for 2014-2017 and adapted to national development needs.

- The **Country Programme Document for Colombia 2021-2024** explicitly states that it contributes to the outcomes of UNFPA Strategic Plans for 2018-2021 and 2022-2025. These plans prioritize universal access to sexual and reproductive health services, reducing maternal mortality, and promoting sexual and reproductive rights, with a focus on adolescents, youth, and gender equality, including in humanitarian contexts. The humanitarian response of UNFPA in Colombia between 2020-2022 was found to have coherence and strategic alignment with the UNFPA Strategic Plans of 2018-2021 and 2022-2025, particularly in prioritizing SRHR and GBV prevention and care for the most vulnerable.

#### **Alignment with UNSDCF and/or UNDAF:**

- The **VI Programme of Country (2015-2019)** was harmonized with the United Nations Development Assistance Framework (UNDAF) 2015-2019 and national objectives in the National Development Plan (PND) of the period. The evaluation noted a strong alignment between the VI Programme of Country and the UNDAF, contributing to its outcomes.
- The **Country Programme Document 2021-2024** is aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) for Colombia 2020-2023, the 2030 Agenda for Sustainable Development, and national priorities defined in the National Development Plan 2018-2022. The UNSDCF incorporates the themes of UNFPA's agenda to support UNFPA's cooperation framework with the country. UNFPA's humanitarian response is also aligned with the UNSDCF 2020-2023. The UNSDCF prioritizes areas like stabilization, migration, and social inclusion, all relevant to humanitarian contexts where UNFPA operates.

This desk review data is supported by data from interviews with key informants in Colombia, although attitudes are more nuanced. For example, while UNFPA respondents involved in the development of the 7th CPD felt that the humanitarian response was well planned and structured around the humanitarian needs, Government key informants expressed that the current UNFPA Strategic Plan, regional programmes, and CPDs integrate humanitarian commitments, but only to an extent.

However, the alignment and emphasis varied. While the UNFPA CPD template is explicitly aligned with the UNSDCF, key informants raised concerns that the UNSDCF itself might not accurately reflect the full spectrum of humanitarian needs in Colombia beyond the migrant crisis.<sup>10</sup>

Internal key informants also highlighted ongoing complexities around UNFPA's humanitarian focus in successive CPDs over the 2019-2024 period. The upcoming CPD for 2025-2028 is indicative of this, with a more limited explicit focus on humanitarian response outcomes (mainly for migrants), partially in response to national priorities and also in line with the UNSDCF, which is more focused on migrant issues, and less so on the humanitarian concerns around internal conflicts.<sup>11</sup>

**Finding 2. UNFPA Colombia demonstrates a consistent effort to integrate its mandate areas within humanitarian planning documents for Colombia, particularly in the RMRPs and through specific projects and coordination mechanisms although gaps in data disaggregation, specific needs and national capacities to adequately respond exist.**

The RMRPs for the Venezuela crisis consistently demonstrate integration of SRHR, GBV, and considerations for youth. Specific examples are as follows:

- The **RMRP 2021** notes attention to unattended health needs, including SRH, and will consider the dimensions of gender, age, and interculturality. It also states that the Education Sector will maintain a gender- and age-responsive approach and will coordinate with other sectors, particularly on GBV.
- The **RMRP 2022** continues this trend, with the Health Sector's priorities including groups such as children, adolescents, women, older adults, LGBTQI+ people, survivors of GBV, and indigenous and Afro-descendant communities. The GBV Sub-sector is explicitly addressed with its own targets and partner organizations.

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<sup>10</sup> UNFPA, Government key informants.

<sup>11</sup> UNFPA key informant.

- The **RMRP 2023-2024** highlights that joint needs assessments show ongoing difficulties for refugees and migrants to access quality primary healthcare services, especially related to SRHR. The GBV sub-sector continues to be a key component. The response also integrates gender and age as cross-cutting themes. The sustained increase in GBV against migrant women is noted as a concern, highlighting their increased vulnerability and the need for an adapted protection and prevention system, as well as a stronger response from the Colombian State with its overwhelmed protection systems.

Evidence from a range of key informants also highlights this integration. UNFPA staff were clear that UNFPA mandate areas are integrated within HNO, HRP, and other appeal documents, including refugee response plans and the UNSDCF. Furthermore, UNFPA actively participates in and co-leads coordination platforms alongside other stakeholders.

UNFPA involvement in interagency needs assessments led by OCHA also ensures that SRH and GBV needs are considered in the initial stages of humanitarian planning. Discussions with sister agencies of UNFPA indicates a general consensus that, although GBV and SRH aren't as visible as some of the other sectors, the various coordination mechanisms put in place between UNFPA and other agencies have improved the overall profile of the mandate areas within the overall response, although there is still considerable work to match this amongst public policies.<sup>12</sup>

**Finding 3. Although a range of humanitarian needs assessments are conducted in Colombia to, there are acknowledged gaps and challenges related to data collection, analysis and disaggregation (especially by nationality and for specific sectors like health), and relating to the specific needs of certain vulnerable groups (like youth and people with disabilities), and ensuring that preparedness and assessment strategies are relevant across different types of emergencies.**

There is extensive primary and secondary evidence to indicate that UNFPA participates in and contributes to a range of assessments in Colombia to understand the needs of different vulnerable groups and inform humanitarian response planning. For example, Multi-sectoral Needs Assessments (MSNAs) are conducted to understand the overall humanitarian conditions and inform the HNO and HRP processes. Further, rapid needs assessments are deployed at the onset of humanitarian crises and joint needs analyses are undertaken within the context of the Regional RMRP, to understand the needs of refugees and migrants from Venezuela and host communities. The RMRP specifically emphasizes ongoing assessments, consultations, and feedback mechanisms to ensure interventions address urgent needs and promote accountability.

A key example can be seen around the time of the COVID-19 crisis in 2020/2021, which coincided with the Venezuela crisis. At this time, humanitarian organizations developed 94 needs assessments, with 82% focusing on emergencies caused by new armed violence, disasters, COVID-19, and transcontinental movements, while the rest assessed the needs of the Venezuelan refugee and migrant population.<sup>13</sup>

Despite these consistent efforts, the primary data also reveals challenges related to data, needs assessment, and national capacities. UNFPA key informants highlighted difficulties in obtaining comprehensive data, both in terms of the overall policy environment and the way resources are mobilised for data collection, with project-based approaches often relying on generic needs assessments.<sup>14</sup> UNFPA reports making some use of Colombian health system data, but as only people with national health insurance can access such services, many migrants are excluded from this dataset. Thus, the numbers of migrants are not well-counted, making good data scarce.<sup>15</sup>

The primary data also reveals challenges in addressing the specific needs of certain vulnerable groups. Local NGO representatives expressed a need for more research on the requirements of youth, not only in GBV and SRH but also in cross-cutting areas such as mental health, with existing needs assessments being reported as very general.<sup>16</sup> There are occasional specific exceptions to this, for example a reported rapid assessment of young people with disabilities in 2020/2021, suggesting an effort to understand their needs, but these are not commonly undertaken.<sup>17</sup>

<sup>12</sup> UN agency key informants.

<sup>13</sup> 2022 Humanitarian Needs Overview for Colombia, OCHA, 2021

<sup>14</sup> UNFPA key informants.

<sup>15</sup> UNFPA, NGO key informants.

<sup>16</sup> Implementing partner key informants.

<sup>17</sup> Ibid.

Finally, there are indications of challenges in ensuring the relevance of preparedness and assessment strategies across different emergency types. While government stakeholders highlighted the value of participation in interagency coordination to determine needs for emergencies local NGO stakeholders noted that the government strategy was initially more focused on the migrant crisis and had not appreciated the scale of the internal conflict crisis or anticipated the COVID crisis, suggesting a need for more adaptable strategies. Further, local government officials raised concerns that planning documents such as the UNSDCF do not fully reflect all humanitarian needs beyond the migrant crisis.<sup>18</sup>

Testimony from these stakeholders triangulates well with some of the challenges noted in secondary data. A late 2024 evaluation of interagency response capacities for displaced populations noted the lack of specific data to help prioritize humanitarian aid for victims of displacement based on the response capacities of national stakeholders.<sup>19</sup> The HNO for 2020 noted that consolidating information from needs assessments was not always rigorous, with difficulties in identifying the specific zones where evaluations were applied. Various RMRPs (2021, 2023-24, 2025-26) highlighted a lack of information on various key issues and needs such as on human trafficking, disaggregation of data by nationality for refugees and migrants and access to strategic information and health surveillance data.

In the context of the COVID-19 pandemic, a 2023 UNFPA evaluation found that emergency preparedness plans in Colombia, focused on natural disasters, were not entirely relevant for a health emergency, and did not consider restrictions on movement and their impact on humanitarian access and supply chains. This suggests a gap in anticipating and preparing for different types of crises in needs assessment and planning.<sup>20</sup> Finally, a 2023 global evaluation of UNFPA's support to adolescents and youth noted financial and capacity challenges in integrating these groups into the humanitarian response, as well as limited assessments and data on their needs in such settings (although this finding was not specifically in relation to Colombia).<sup>21</sup>

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<sup>18</sup> Local government officials, Arauca

<sup>19</sup> Evaluación sobre capacidades de respuesta para población desplazada individualmente, Impact Reach, 2024

<sup>20</sup> Evaluation of the organizational resilience of UNFPA in light of its response to the COVID-19 pandemic, UNFPA 2023

<sup>21</sup> Formative evaluation of UNFPA support to adolescents and youth, UNFPA 2023

EQ2 (Effectiveness/Coverage) To what extent do UNFPA humanitarian interventions contribute to an improved access to and increased use of quality sexual and reproductive health services for affected populations, including the most vulnerable and marginalized groups?

#### FINDINGS

**Finding 4.** Although UNFPA provides good support to technical training (including the MISP) with SRH service providers, limited overall humanitarian SRH needs are being met - the amount of UNFPA support is not commensurate with needs, coupled with a weak overarching SRH strategy and reliance on intermittent project funding.

**Finding 5.** There is limited evidence of sustained effectiveness of SRHR programming on both supply and demand sides for certain SRH services - addressing cultural norms around access to services, e.g. family planning via integrated work shows evidence of success.

**Finding 4.** Although UNFPA provides good support to technical training (including the MISP) with SRH service providers, limited overall humanitarian SRH needs are being met - the amount of UNFPA support is not commensurate with needs, coupled with a weak overarching SRH strategy and reliance on intermittent project funding.

There is a wide range of documented evidence from programme and project reports that highlight active UNFPA involvement in coordinating and implementing SRH services within the broader humanitarian response framework in Colombia. This includes working as part of or leading the SRH working group and strengthening the capacity of local actors and health institutions to provide quality SRH services. This capacity building has covered topics such as the MISP, attention to sexual violence, and management of obstetric emergencies.

UNFPA has also focused on improving access to contraception for vulnerable populations like Venezuelan migrants, adolescents, and indigenous communities. They have employed mobile teams and outreach programmes to reach underserved rural and remote areas. Furthermore, UNFPA has worked to ensure access to maternal health services, including prenatal care and obstetric emergency care, especially for pregnant migrant women and those in situations of vulnerability.

During the COVID-19 pandemic, UNFPA adapted its strategies to maintain continuity of SRH services. This included developing and adapting protocols for antenatal care and contraceptive services, updating standard operating procedures (SOPs) for GBV care, and adapting services to remote modalities like telemedicine and telephone care. UNFPA also increased the procurement and distribution of family planning supplies and personal protective equipment to healthcare workers. Some specific examples of work reported by UNFPA are as follows:

- In **2019**, UNFPA, through implementing partners and with CERF and Emergency funds, improved access to SRH services for 7,642 women (Venezuelan migrants and refugees, victims of armed conflict, and hosting population) in seven departments. 6,986 women accessed contraceptive methods, including emergency contraception.<sup>22</sup>
- Between **2020 and 2022**, UNFPA's humanitarian response in Colombia reached a total of 63,449 women, young people, and adolescents with SRH services.<sup>23</sup>
- In **2020**, UNFPA supported the development and adaptation of protocols for maintaining antenatal care and contraceptive services during the COVID-19 pandemic.<sup>24</sup>
- In **2023 and early 2024**, there was a reported 44% reduction in maternal deaths among Venezuelan women in Colombia, attributed to improved access to SRH services. In La Guajira in

<sup>22</sup> Internal UNFPA Report on use of Emergency Funds/Humanitarian Action Fund, 2020

<sup>23</sup> Evaluation of the organizational resilience of UNFPA in light of its response to the COVID-19 pandemic; Country Briefing Note: Colombia, UNFPA 2023

<sup>24</sup> Meta-Analysis of Evaluations on UNFPA's Actions In Colombia During The Seventh Country Program, UNFPA Colombia, 2024

2024 (where UNFPA had project operations until that year), no maternal deaths were reported among the migrant population, and extreme maternal morbidity decreased by 10.3 per cent.<sup>25</sup>

Evidence from key informants supports these results, with numerous examples cited by internal and external stakeholders of the provision of support to direct service provision and technical training, including on the MISP, to SRH service providers. However, feedback also indicates that overall (i.e. in terms of coverage) humanitarian SRHR needs are significantly unmet due to the limited scale and short-term nature of UNFPA's support, which leads to continuity issues.

For example, government stakeholders at both national and sub-national levels highlighted UNFPA's good contributions to technical assistance to key national health agencies while implementing partners noted extensive UNFPA training on guidelines for GBV and SRHR and ongoing provision of technical guidance. One of the most significant strengths of UNFPA was technical assistance to sub-national teams, including provision of training on guidelines.<sup>26</sup>

That said, the coverage of such technical support on an ongoing basis (to address capacity gaps that emerge due to the turnover of government officials) was noted as being a challenge. An implementing partner key informant noted that efforts to ensure the MISP supported by UNFPA require training of MoH staff on a rolling basis, but that this has not taken place.<sup>27</sup>

Further, despite project-based provision of technical training, primary data indicates that the overall humanitarian SRHR needs remain met only to a limited extent. Local government representatives attested to a substantial amount of unmet needs in both urban and rural areas. Feedback from community members in WGSS supported by UNFPA also noted a reliance on intermittent support for access to SRH services (notably family planning supplies) rather than consistent access through other means. This was corroborated by evidence from implementing partners that noted that the overall needs met given the amount of UNFPA support are small, with very short periods of project support leading to issues with continuity and stopping and starting of projects. UNFPA partners further emphasised that many communities have no other source of SRHR or GBV assistance, sometimes relying solely on UNFPA, and that the remoteness and armed conflict contribute to this lack of access.

This primary evidence is supported by secondary evidence, notably a 2023 evaluation of UNFPA Colombia's humanitarian response programming between 2020 and 2022<sup>28</sup>, which noted that SRHR needs were not always visible in humanitarian responses, a persistent challenge in positioning these needs at the national humanitarian agenda level and in particular limited participation of people with disabilities.

**Finding 5. There is limited evidence of sustained effectiveness of SRHR programming on both supply and demand sides for certain SRH services – addressing cultural norms around access to services, e.g. family planning via integrated work shows evidence of success.**

As discussed above, UNFPA's SRHR strategies, such as training on MISP, support to static and mobile health services and outreach teams, directly aimed at increasing access and uptake of SRHR services for vulnerable populations in remote and crisis-affected areas are effective when and where supported. These efforts specifically targeted those with the greatest barriers to access, including migrants in "pendular" situations (i.e. that cross back and forth between Venezuela and Colombia), dispersed and indigenous areas, and those in transit. By bringing services closer to the people in need and adapting interventions to be age and culturally appropriate, UNFPA facilitated greater utilization.

However, persistent challenges related to reaching specific vulnerable populations, addressing barriers for migrant women and people with disabilities, and ensuring inclusive services for diverse groups indicate areas where further efforts are needed to maximize utilization and meet all existing needs. Specific examples include:

- Despite efforts to expand contraceptive services, a 2023 project progress report<sup>29</sup> mentions the **highest unmet need** among women living in rural border areas, adolescents, and hard-to-reach

<sup>25</sup> Provision of Protection Services, SRH and Rescue GBV for Venezuelan Refugees and Migrants 2023-2024, Final Progress Report, UNFPA, 2024

<sup>26</sup> Local Government key informants.

<sup>27</sup> Implementing Partner key informant.

<sup>28</sup> Evaluation of the United Nations Population Fund's humanitarian response in Colombia 2020-2021-2022, UNFPA Colombia, 2023

<sup>29</sup> Progress Report of Project USA 94 to the Bureau of Population, Refugees, and Migration, UNFPA 2023

communities as migrants in conflict-affected areas. This suggests that while progress has been made, reaching these specific populations to increase utilization remains a challenge.

- Barriers to access persist for migrant women seeking effective access to SRH services despite having health insurance, indicating that simply having services available does not guarantee utilization.<sup>30</sup>
- The evaluation of the humanitarian response in 2020-2022 highlighted the need to better reach **populations with diverse sexual orientations and gender identities** with SRH information and services, suggesting potentially lower utilization by these groups due to a lack of tailored approaches.<sup>31</sup>
- The low participation of the **population with disabilities** in services, as noted in the same evaluation, implies a deficit in ensuring accessible services that would lead to increased utilization by this group.

Evidence from primary stakeholders triangulates well with this data, indicating limited sustained effectiveness of SRHR programming on both the supply and demand sides for certain SRH services, although some successes are noted with integrated approaches. On the supply side, a range of UNFPA staff and external partners highlighted issues with continuity due to short periods of project support, which inherently impacts sustained effectiveness.<sup>32</sup> Both duty-bearers and rights-holders also noted that many communities have no other source of SRHR or GBV assistance besides UNFPA, highlighting the vulnerability of SRH service provision to funding cycles. Furthermore, the extensive unmet SRHR needs among the population indicate that current efforts are not sufficient or sustained enough to meet the demand. Implementing partners criticised the UNFPA modality of immediate response rather than longer-term preparedness and strategy work in SRH, potentially hindering sustained effectiveness.<sup>33</sup>

On the demand side, primary data indicates that cultural norms and stigma remain significant barriers to accessing SRH services. Cultural issues with accessing family planning were highlighted as a key constraint.<sup>34</sup> However, there is also evidence of success in addressing these norms through integrated work. Rights-holders from WGSS reported in FGDs that workshops include adolescents and are working to reduce the stigma around family planning and abortion, leading to much more acceptance of this. They also noted that SRH was a lot more stigmatised/taboo before the UNFPA-supported work, but trainings have made discussions more acceptable. Moreover, community members indicated that family planning for adolescents has led to a reduction in younger women becoming pregnant, suggesting that integrated education and service provision can be effective in changing behaviours and improving SRH outcomes by addressing demand-side barriers.

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<sup>30</sup> Ibid.

<sup>31</sup> Evaluation of the United Nations Population Fund's humanitarian response in Colombia 2020-2021-2022, UNFPA Colombia, 2023

<sup>32</sup> UNFPA, implementing partner key informants

<sup>33</sup> Implementing partner key informants.

<sup>34</sup> Implementing partner key informants.

EQ3 (Effectiveness/Coverage) To what extent do UNFPA humanitarian interventions contribute to preventing, mitigating and responding to gender-based violence and harmful practices for affected populations, including the most vulnerable and marginalized groups?

#### FINDINGS

**Finding 6.** UNFPA has enhanced the accessibility of quality GBV services in humanitarian settings across Colombia through a multi-faceted approach such as SOPs, referral pathways, and CMR, with strong case management and psychosocial support.

**Finding 7.** The quantity of supported GBV infrastructure is limited, but very good where implemented, with systemic challenges across national responses, difficulties in cross-border coordination, limitations in inclusive approaches, with barriers and harmful practices faced by specific vulnerable populations.

**Finding 6. UNFPA has enhanced the accessibility of quality GBV services in humanitarian settings across Colombia through a multi-faceted approach such as SOPs, referral pathways, and CMR, with strong case management and psychosocial support.**

UNFPA in Colombia has worked to improve the accessibility of quality GBV services through several key approaches:

- Establishing and supporting safe spaces.
- Strengthening referral pathways and developing Standard Operating Procedures (SOPs) for GBV case management.
- Capacity building of service providers, humanitarian workers, health professionals, and community members on GBV prevention, response, and survivor-centred support. This includes training on clinical management of rape and psychosocial support.
- Provision of direct assistance including distribution of dignity kits and the provision of multipurpose cash assistance to women and girls at risk of or experiencing GBV.
- Coordination and leadership as co-leader of the GBV sub-cluster, supporting local GBV subgroups and participating in information sharing and analysis.
- Adapting services during crises: During the COVID-19 pandemic, UNFPA adapted GBV services to remote modalities like virtual and telephone care to maintain access despite mobility restrictions.

Data from UNFPA reporting indicates work on humanitarian GBV responses from the outset of the Venezuela migrant crisis. For example, at the start of the crisis in 2019, UNFPA supported actions that aimed to improve access to safe, survivor-centred GBV prevention and response services in seven municipalities. By 2022, this total had reached 37 municipalities, within which partners were trained in the application of minimum standards for GBV prevention and response in humanitarian crises.<sup>35</sup>

UNFPA's humanitarian response over this period (which incorporated the COVID-19 response) reached a total of 45,714 girls and women survivors of GBV in humanitarian contexts with prevention, protection, and response services.<sup>36</sup> Beyond this period, *Project USA 94* (reporting in 2023-2024) provided psychosocial care and case management to the migrant population surviving GBV and the host community at high risk in the municipalities of Arauca, Arauquita, Saravena, Cúcuta, Riohacha, Maicao, and Barranquilla. It also delivered 400 unconditional and multipurpose cash transfers to GBV survivors and those at risk.<sup>37</sup>

Key informants to the evaluation provided verification of these activities, highlighting UNFPA's work in developing SOPs and referral pathways and building the capacity building on GBV case management, assisting in the development of protocols and procedures for health institutions (including CMR) and linking them to migration services and community institutions, including during the COVID-19 pandemic, which saw increases in the incidence of GBV.<sup>38</sup>

<sup>35</sup> Evaluation of the United Nations Population Fund's humanitarian response in Colombia 2020-2021-2022, UNFPA Colombia, 2023

<sup>36</sup> Evaluation of the organizational resilience of UNFPA in light of its response to the COVID-19 pandemic; Country Briefing Note: Colombia, UNFPA 2023

<sup>37</sup> Progress Report of Project USA 94 to the Bureau of Population, Refugees, and Migration, UNFPA 2023

<sup>38</sup> National and local government key informants.

Key informants also noted the value-add of UNFPA through the mapping of GBV services by UNFPA coordinators in the territories where it supports humanitarian responses who conduct service mapping, which includes facilities with capacity for referrals and CMR, helping to prioritize resource allocation.<sup>39</sup>

Implementing partners noted that UNFPA has provided assistance to service providers on the front line, including providing technical support and capacity building to GBV programming by other actors or efforts to supplement services to ensure quality.<sup>40</sup>

The importance and impact of such services was affirmed by attendees at WGSS supported by UNFPA who discussed the importance of counselling from professional psychologists and nurses who refer to hospitals if needed (and can act as advocates for care that might otherwise be unavailable to Venezuelan migrants).<sup>41</sup>

The data from interviews and FGDs also highlights the community-level impact of UNFPA's interventions, with evidence of an absence of knowledge of available services before UNFPA's presence.<sup>42</sup>

**Finding 7. The quantity of supported GBV infrastructure is limited, but very good where implemented, with systemic challenges across national responses, difficulties in cross-border coordination, limitations in inclusive approaches, with barriers and harmful practices faced by specific vulnerable populations.**

Primary and secondary data indicate that, where UNFPA has provided support to GBV services, it has contributed to an increase in the utilization or uptake of these services by crisis-affected populations. Women rights-holders from WGSS' interviewed via FGDs described them as extremely positive spaces where they can access services and referrals and undertake social and economic activities. These sentiments were echoed by implementing partners and government stakeholders.

Despite evidence of good performance across the evaluation period, challenges persisted, including institutional gaps in access to justice and protection for GBV survivors.<sup>43</sup> The Colombian State's protection systems for GBV were noted by UNFPA in its reporting to donors in 2023 as being overwhelmed, lacking capacity, opportunity, and quality for the most part.<sup>44</sup>

The evaluation of the humanitarian response during 2020-2022 also noted poor access to services of specifically vulnerable groups (as with SRHR programming), notably people with disabilities and populations with diverse sexual orientations and gender identities, particularly in creating inclusive information materials and service delivery.<sup>45</sup>

The unstable security environment due to the armed conflict in different municipalities or regions of Colombia are another factor inhibiting the provision of services. These highly insecure and rapidly-changing environments create high-risk situations for teams and sometimes result in the postponement of activities when and where they are needed most. The COVID-19 pandemic also caused mobility limitations and overburdened the health system, potentially disrupting access to GBV services.<sup>46</sup> While both UNFPA and partners report progress in coordination on GBV activities, both at municipality and national levels<sup>47</sup>, the lack of binational mechanisms for information sharing and continuity of care between Colombia and Venezuela was reported as a challenge for migrant populations accessing services.<sup>48</sup>

More recently (i.e. 2024 and particularly 2025 (with the cessation of almost all US overseas development assistance to Colombia, as worldwide), there has been decreased donor interest and funding of initiatives, which is significantly impacting the provision of services. UNFPA monitoring in 2024 revealed a 40 per cent decrease in the participation of organizations, territories, and actions aimed at the migrant and refugee population in GBV and SRH service provision compared to 2023, which could potentially impact sustained utilization levels.<sup>49</sup>

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<sup>39</sup> UNFPA key informants.

<sup>40</sup> UN agency, UNFPA key informants.

<sup>41</sup> FGD attendees, WGSS.

<sup>42</sup> Implementing partner key informants.

<sup>43</sup> Progress Report of Project USA 94 to the Bureau of Population, Refugees, and Migration, UNFPA 2023

<sup>44</sup> Ibid

<sup>45</sup> Evaluation of the United Nations Population Fund's humanitarian response in Colombia 2020-2021-2022, UNFPA Colombia, 2023

<sup>46</sup> UNFPA Colombia annual report on the use of CERF funds, 2023

<sup>47</sup> UNFPA, national and subnational key informants.

<sup>48</sup> Progress Report of Project USA 94 to the Bureau of Population, Refugees, and Migration, UNFPA 2023

<sup>49</sup> UNFPA key informant.

As of the time of research, only a relatively few WGSS were directly supported by UNFPA (e.g. two in Arauca centre) with some being closed due to funding shortfalls.<sup>50</sup> For example, women WGSS members noted that their safe space is the only one in the whole settlement and that they would like another, but land is scarce and expensive.<sup>51</sup> Although another (former) WGSS was planned for reopening with Government support, this

evidence suggests that while the quality of individual infrastructure may be high, the coverage is insufficient to meet the widespread needs.

This is a symptom not just of diminishing UNFPA (and other agency) resources, but also overwhelmed state capacity, with evidence of increasing GBV against migrant women, especially given limited responses on the part of the Colombian State for protection systems for GBV.<sup>52</sup> UNFPA key informants noted that the upcoming CPD 2025-2028 only has one of the five outcomes related to humanitarian response, mainly for migrants, and that the UNSDCF does not accurately reflect all humanitarian needs, reflecting a government preference of limited humanitarian response in conflict zones.<sup>53</sup> Local government stakeholders emphasized that the scale of issues like people smuggling and the culture of fear created by armed groups goes beyond the resources of municipalities, with the government unable to reach many areas and resources not trickling down to the community level as planned, despite the existing of robust policies (e.g. a law mandating the provision of women's shelters).<sup>54</sup> Some stakeholders noted this as stemming from widespread discriminatory cultural norms, exhibited by Latin America's gender inequality and patriarchal systems that work against GBV and SRH efforts, with the state focused on other areas.<sup>55</sup>

Access and service requirement mapping are further challenges noted by key informants at various levels. Some stakeholders noted challenges in keeping track of the population due to people going back and forth between Colombia and Venezuela,<sup>56</sup> while others noted that access to remote areas is a significant issue, particularly for indigenous populations who are highly prone to GBV and lack SRH services. At the time of research, key informants highlighted the particular alarm regarding the 2025 crisis in Catatumbo and the limited coverage of needs by NGOs and the UN.<sup>57</sup>

Finally, stakeholders noted that a large component of the crisis is sexual violence, including commercial sex work, emphasizing the need for prevention of sexual exploitation and abuse (PSEA).<sup>58</sup> Armed groups worsen discrimination against vulnerable groups, with no support from the state, and that many vulnerable individuals (such as LGBTQI people) are more prone to physical attacks and killings.<sup>59</sup> While there is good evidence that UNFPA is trying to conduct outreach and provide safe spaces for such groups, WGSS members also testified as to discriminatory attitudes towards LGBTQI communities that inhibits their attendance at the limited (and much in-demand) services on offer.

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<sup>50</sup> UNFPA key informants.

<sup>51</sup> FGD participants.

<sup>52</sup> Progress Report of Project USA 94 to the Bureau of Population, Refugees, and Migration, UNFPA 2023

<sup>53</sup> UNFPA key informants.

<sup>54</sup> Local government key informants.

<sup>55</sup> UNFPA, NGO key informants.

<sup>56</sup> UNFPA, implementing partner key informants.

<sup>57</sup> UN agency, implementing partner key informants.

<sup>58</sup> UN Resident Coordinator, OCHA.

<sup>59</sup> UN agency, implementing partner key informants.

EQ4 (Effectiveness/Coverage) To what extent do UNFPA interventions contribute to the use and dissemination of reliable and disaggregated programme and population data for evidence-based humanitarian responses?

**FINDINGS**

**Finding 8.** UNFPA has maintained a capacity for collection of and reporting on the essentials of humanitarian programme data, but it is limited to basic aggregate-level outputs, has limited disaggregation, and is used minimally at the programme level.

**Finding 9.** Population data efforts in Colombia are relatively robust, supported by strong UNFPA contributions, though it is mostly confined to development programming, and thus further improvements are needed in humanitarian data granularity, integration of population movements, and use of innovative digital approaches.

**Finding 8. UNFPA has maintained a capacity for collection of and reporting on the essentials of humanitarian programme data, but it is limited to basic aggregate-level outputs, has limited disaggregation, and is used minimally at the programme level.**

Based on the documentary evidence, the capacity of UNFPA and national actors around data for evidence-based planning and reporting processes in humanitarian settings in Colombia has shown improvements over the 2019-2024 period, driven by UNFPA's technical support, coordination efforts, and investments in data systems, although it remains limited, and is further constrained by lack of resources to engage in more comprehensive data collection.

UNFPA has reported on various examples of contributing to monitoring and generating information on the GBV and SRH situation within the crisis framework, including capacities and gaps in the response. This included the publication of Information Sheets and Situation Alerts, and the consolidation of a needs analysis chapter on GBV for refugees and migrants, which formed the basis for RMRP indicators.<sup>60</sup> UNFPA also reports playing a key role as co-chair of the UNCT data group and GBV and SRH sub-clusters during the COVID-19 pandemic, contributing data expertise and networks to support the UNCT and government responses. UNFPA also provided technical assistance to monitor the impact of COVID-19 on progress towards the SDGs and supported adaptation of "Territorial Population Triage" to include COVID-19 in local development planning.<sup>61</sup>

From a qualitative data perspective (although incorporating non-systematic reports on quantitative data), UNFPA has produced a variety of information products and situation responses (SitReps) on its humanitarian response over the evaluation period. While these are useful elements as part of an accountability strategy or in resource mobilization, they are of limited use in comprehensively reporting on humanitarian progress.

More promisingly, UNFPA has generated efficiencies in its monitoring through the use of digital tools such as KoboToolBox (an online and remote data collection and management software) which has been used by the country office for a number of years. These offer positive prospects for effective and streamlined data collection and reporting, which is done on a daily basis.<sup>62</sup> However, at the time of research, these tools were **primarily focused on aggregate-level outputs**, including activities, resource allocations, meeting reports, services delivered, and capacity building sessions. The tools are applied by both UNFPA and partner staff.<sup>63</sup>

However, the data also indicate an uneven capacity of UNFPA to collect, manage and utilise programme humanitarian data at different levels. For example, the 2015-2019 CPD noted an uneven capacity to access and use socio-demographic data at the decentralized administrative level, presenting an obstacle to development planning and local governance.

<sup>60</sup> Progress Report of Project USA 94 to the Bureau of Population, Refugees, and Migration, UNFPA 2023

<sup>61</sup> Evaluation of the organizational resilience of UNFPA in light of its response to the COVID-19 pandemic; Country Briefing Note: Colombia, UNFPA 2023

<sup>62</sup> Meta-Analysis of Evaluations on UNFPA's Actions In Colombia During The Seventh Country Program, UNFPA Colombia, 2024, UNFPA key informant.

<sup>63</sup> UNFPA key informant

While improvements have been made, this challenge persists in both humanitarian and development settings. One symptom of this lack of capacity is the absence of mechanisms that allow the sharing of information and continuity of care between Colombia and Venezuela, which can hinder comprehensive data collection and analysis on cross-border issues affecting crisis-affected populations.<sup>64</sup> Another is in relation to interagency needs assessment and consequent programming. Specifically, the collection of complete and reliable data for indicators in the HNOs has faced challenges, with some information gaps and limitations.<sup>65</sup> The need for better disaggregated data, particularly for youth, has been highlighted at regional level, although some development-oriented population initiatives (e.g. the MILENA initiative – discussed below) may go some way to addressing this.

Further, the data suggests a fragmented landscape of information management for GBV. The GBVIMS, which Colombia had participated in hitherto, has not been active over the evaluation period.<sup>66</sup> There is evidence of a national case management system, but is based on medical service provider records only, thus only capturing cases where women seek treatment within the health system, and data sharing between different agencies that collect their own data is reported as suboptimal.<sup>67</sup> While there are national GBV case management standards and protocols from the Ministry of Health, with which UNFPA aligns, the lack of an active GBVIMS and challenges with the national case management system suggest potential gaps in comprehensive GBV data collection and analysis.

Based on the primary data, there is evidence to indicate limitations in data disaggregation and its use at the programme level. While population-level data is disaggregated by age, gender, disability status, migrant status, conflict-affected status, demographic status, ethnicity, and pendular status, UNFPA key informants expressed concerns about its granularity and application. There was an expressed need for more analysis and application of the data for actual planning and programming, rather than just reporting information.<sup>68</sup> The lack of resources also limits the capacity to gather more comprehensive data, noted by both internal and external stakeholders, who highlighted limitations on capacity to obtain assessment data from municipalities affected by crises due to funding constraints or to even conduct more comprehensive monitoring of outcomes (moving beyond outputs and/or activities) in a strategic fashion (i.e. beyond the mandated and budgeted obligations to specific project reporting).<sup>69</sup>

Several interviewees also pointed to the consequences of incomplete or inadequate data or using it ineffectively. Internal and external key informants noted that GBV incidence is always underreported (generally it is tied into mainstream government medical reporting processes – so captures only survivors presenting for medical treatment), and this makes it difficult to generate funding. Further, survivors in conflict zones are less likely to report GBV or seek services. There is also a reliance on health system data, which only covers people with national health insurance, excluding many migrants, and the lack of updated surveys on GBV trends, particularly among adolescents.<sup>70</sup>

Finally, some interviewees highlighted that while UNFPA puts a lot of weight on evaluation, there is less focus on monitoring and follow-up, particularly ongoing assessment of impacts, making it difficult to assess projects and programmes. The lack of budget for field monitoring further limits the use of data for programme adjustments.

**Finding 9. Population data efforts in Colombia are relatively robust, supported by strong UNFPA contributions, though it is mostly confined to development programming, and thus further improvements are needed in humanitarian data granularity, integration of population movements, and use of innovative digital approaches.**

There is good documented evidence of UNFPA and national actor efforts in Colombia around population data over the 2019-2024 period, although much of these relate to longer-term development efforts that have

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<sup>64</sup> UNFPA CPD 2019-2022

<sup>65</sup> Colombia 2022 HNO, OCHA, 2021

<sup>66</sup> UNFPA key informants.

<sup>67</sup> UNFPA, UN agency key informants.

<sup>68</sup> UNFPA key informants.

<sup>69</sup> UNFPA, implementing partner, NGO key informants.

<sup>70</sup> Ibid.

indirect value for humanitarian programming, rather than direct humanitarian data initiatives. For example, UNFPA Colombia has extensive documented support for the strengthening of data capacity through technical

assistance to national institutions such as DANE (National Administrative Department of Statistics). Notably, UNFPA supported conducting the 2020 round population and housing census, which included the questions on migration status, contributing to disaggregated data on this key population in humanitarian settings. UNFPA has also supported the integration of georeferenced census data with other geospatial data to produce analytics relevant to national and local policies and programs. This enhances the ability to understand the geographic distribution of vulnerabilities and needs.<sup>71</sup>

UNFPA has worked to ensure that UNFPA-prioritized SDG indicators are produced domestically, in line with standard metadata, through national statistical authorities or administrative records. This contributes to disaggregated data relevant to national and global reporting.

Since at least 2020, UNFPA has also supported the generation and use of mapping at the district level or below to illustrate population vulnerability to disasters and humanitarian crises.<sup>72</sup> These population situation analyses can be used to identify social gaps and formulate policies. Since 2023, these have included analysis of population changes and diversity and the impact of mega-trends, including climate change which provide local and national government with access to disaggregated demographic data, including for small area estimations and SRHR indicators.<sup>73,74</sup>

UNFPA Colombia has also participated in regional efforts to improve population data efforts for vulnerable groups. Specifically, it participated in efforts to mainstream the adolescents and youth agenda on national statistical systems via the regional MILENA initiative. The approach was used in 2020 to assess the socio-economic impact of adolescent pregnancy in six countries in the LAC region.<sup>75</sup>

More recently, key informants noted that Colombia is a pilot country for “alternative” data sources (such as from social media), an initiative started in 2024 with UNFPA advocating for its use with the government to gain more information on population diversity. The forthcoming CPD for Colombia has been noted as including priorities based on both mainstream and alternative demographic data.<sup>76</sup>

This said, key informants indicate that UNFPA's population data efforts specifically related to humanitarian response could be improved in several key areas, with insufficient prioritisation of population data in humanitarian response (in part due to lack of resources). A 2023 evaluation of Common Country Analyses with respect to population data inclusion deemed Colombia as “weak” in this regard.<sup>77</sup> UNFPA-reported Common Operational Datasets – Population Statistics (COD-PS), demographic data tools used for crisis preparedness and response, were not widely known amongst stakeholders in Colombia. Further, stakeholders highlighted challenges in obtaining data in crisis situations, such as during COVID-19 and around localised armed conflicts, due to a combination of underreporting, lack of trust in authorities (particularly in conflict zones), resource constraints and government reticence.<sup>78</sup> This is exacerbated in the context of migration by challenges determining accurate numbers of migrants due to the porous border between Colombia and Venezuela.<sup>79</sup>

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<sup>71</sup> 2020-23 Annual Planning (Internal Documents), UNFPA Colombia.

<sup>72</sup> Ibid.

<sup>73</sup> Ibid.

<sup>74</sup> UNFPA key informant.

<sup>75</sup> Socioeconomic consequences of adolescent pregnancy in six Latin American countries. Implementation of the MILENA methodology in Argentina, Colombia, Ecuador, Guatemala, Mexico and Paraguay. UNFPA LACRO, 2020

<sup>76</sup> UNFPA key informant.

<sup>77</sup> Although the year of CCA was 2019. Source: Evaluation of UNFPA support to population dynamics and data, UNFPA, 2023.

<sup>78</sup> UNFPA, local government, UN agency key informants.

<sup>79</sup> UNFPA, local government key informants.

**EQ5 (Effectiveness) To what extent has UNFPA adequately performed its leadership role on SRHiE and GBViE and Youth, Peace and Security?**

**FINDINGS**

**Finding 10.** UNFPA's co-leadership of the SRHR and GBV coordination mechanisms has enhanced partner coordination and improved programming, with recognition from partners of its meaningful engagement and emerging success in advocating for SRHR and GBV as life-saving, although efforts remain under-resourced and not yet fully integrated across refugee or disaster responses.

**Finding 11.** Dwindling resources for refugee-focused humanitarian response work is leading to increased competition between agencies, undermining UNFPA's leadership role for both GBV and SRHR.

**Finding 12.** While UNFPA does engage with youth peacebuilding activities, there is limited explicit evidence of its interagency coordination leadership on these issues within humanitarian settings.

**Finding 10. UNFPA's co-leadership of the SRHR and GBV coordination mechanisms has enhanced partner coordination and improved programming, with recognition from partners of its meaningful engagement and emerging success in advocating for SRHR and GBV as life-saving, although efforts remain under-resourced and not yet fully integrated across refugee or disaster responses.**

UNFPA has co-led (with the MoH and with a national NGO, Profamilia) the SRH technical working group and subsidiary local thematic groups in Colombia. This leadership position has enabled UNFPA to convene and coordinate various humanitarian actors, including UN agencies, national and international NGOs, and government entities, to ensure a coherent and effective SRHiE response. UNFPA's coordination efforts have focused on several key areas, including:

- UNFPA regularly convened and co-led national and sub-national coordination meetings of the SRH sub-cluster with an average participation of 26 to 30 partners per session reported in 2024.<sup>80</sup> These meetings serve as crucial platforms for joint planning, analysis, and coordination of SRHR activities.
- UNFPA reported that it led efforts to include the MISP in the 2020 HRP for Colombia. UNFPA, alongside local governments, established coordination mechanisms for the MISP, which remain active in Arauca, Norte de Santander (UNFPA humanitarian response, including MISP coordination, in La Guajira closed in 2024).<sup>81</sup>
- UNFPA successfully worked to ensure the positioning of SRH issues in different humanitarian response plans, including the HRP, the RMRP, and the COVID-19 Response Plan.<sup>82</sup>
- At the local level, UNFPA has strengthened inter-institutional networks, improving coordination and facilitating timely referral and risk management for pregnant women. For example, in Arauca and Cúcuta, UNFPA co-leadership in SRH (and GBV) was recognized for its management, capacity building, and as a reference in these areas. UNFPA staff also participate in local health coordination activities, including referral systems for emergency obstetric care and advocating for MISP implementation.
- Joint planning for CERF funding applications allowed for better coordination among agencies in identifying gaps and achieving a coherent SRH response. UNFPA, as co-leader, reported that it ensured the SRH perspective was integrated into these joint plans.<sup>83</sup>
- UNFPA's leadership in the SRH subcluster and membership of the HCT facilitated the highlighting of SRH priorities to donors in forums like R4V meetings, contributing to resource mobilization for SRH interventions.<sup>84</sup>

<sup>80</sup> Provision of Protection Services, SRH and Rescue GBV for Venezuelan Refugees and Migrants, Final Progress Report for Project Period 15 September 2023 - 31 July 2024, UNFPA Colombia 2024

<sup>81</sup> Extensively reported in via various project/programme progress reporting 2019-2024, and also the Evaluation of the United Nations Population Fund's humanitarian response in Colombia 2020-2021-2022, UNFPA Colombia, 2023

<sup>82</sup> Ibid.

<sup>83</sup> UNFPA annual report on the Use of CERF funds, UNFPA Colombia 2021

<sup>84</sup> Evaluation of the United Nations Population Fund's humanitarian response in Colombia 2020-2021-2022, UNFPA Colombia, 2023

Similarly, for GBV coordination, UNFPA co-leads the GBV AoR/subcluster (at different times with UN Women and UNHCR) in Colombia, placing UNFPA at the centre of interagency coordination for GBV prevention and response. Specific achievements/activities were:

- UNFPA contributed to coordinating the GBV response through the development of GBV SOPs in different municipalities, which helped identify service offerings and update referral pathways, improving care for survivors. This included dissemination of the Minimum Interagency Response Standards for GBV in Emergencies.<sup>85</sup>
- Participation in and contribution to joint needs assessments to advocate for GBV priorities and identify GBV risks, needs, and gaps to inform the development of the HRP for Colombia and more targeted interventions.<sup>86</sup>
- Provision of technical assistance and training to a wide range of actors, including humanitarian workers, community members, and government officials, on GBV-related topics such as case management, psychosocial support, PSEA, and the implementation of minimum standards.<sup>87</sup>

Feedback from key informants corroborates well with the reported coordination activities of UNFPA in SRHR and GBV. For example, UN agency and local government interviewees alike noted that the co-leadership of UNFPA and UNHCR has been very important in raising the profile of both GBV and SRHR, notably around strengthening referral pathways and SOPs for health institutions. At the sub-national level, external stakeholders reported that the GBV working group/sub-group is well-run and that they felt they could refer cases of GBV to UNFPA as a provider of last resort, suggesting confidence in UNFPA's coordination role.<sup>88</sup>

Despite evidence of good efforts on the part of UNFPA to coordinate, both primary and secondary data consistently highlight that efforts remain under-resourced. The 2023 evaluation of the UNFPA humanitarian response in Colombia identified that needs related to SRHR continue to be less visible in response plans, often not disaggregated from the overall health sector needs.<sup>89</sup> This is triangulated well with testimony from key informants, who noted that UNFPA “does the best they can with what they have”, but there are entrenched attitudes prioritizing other sectors, and that resources for humanitarian response are nowhere near commensurate with needs.<sup>90</sup> External stakeholders corroborated this, expressing that SRHR and GBV are placed low on the list of priorities among national agencies, and the distribution of resources is unequal. There is also concern that SRH is not as well reflected in plans and policies as GBV, particularly at the national level.<sup>91</sup> In 2023, UNFPA reported that the national protection systems for GBV were overwhelmed due to internal demand and lacked capacity, opportunity, and quality, which leads to impunity and lack of protection for women, compounded by a lack of coordination with systems in Venezuela.<sup>92</sup>

**Finding 11. Dwindling resources for refugee-focused humanitarian response work is leading to increased competition between agencies, undermining UNFPA's leadership role for both GBV and SRHR.**

Despite evidence of increasing humanitarian needs in Colombia due to a combination of factors, including the Venezuelan migration crisis, internal armed conflict, natural disasters, and the COVID-19 pandemic, there is also clear concern regarding decreasing or insufficient funding for humanitarian response evidenced over the course of the evaluation period, and most acutely and abruptly with the cessation of US Government funding in January 2025.

For example, the Colombia HRPs from 2021 onwards highlight that while needs have increased, funding has not kept pace, with a reported perception amongst international donors of a decrease in humanitarian needs after the 2016 peace agreement, leading to a subsequent reduction in financial capacity for humanitarian partners.<sup>93</sup> A decrease in the number of operational partners in the HRP from 135 in 2017 to 50 in 2022 could

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<sup>85</sup> Reported across numerous internal/donor reports, e.g. Provision of Protection Services, SRH and Rescue GBV for Venezuelan Refugees and Migrants Final Progress Report, UNFPA 2024

<sup>86</sup> Ibid.

<sup>87</sup> Ibid.

<sup>88</sup> UN agency key informant.

<sup>89</sup> Evaluation of the United Nations Population Fund's humanitarian response in Colombia 2020-2021-2022, UNFPA Colombia, 2023

<sup>90</sup> UNFPA key informants.

<sup>91</sup> UN agency, UNFPA key informants.

<sup>92</sup> Provision of Protection Services, SRH and Rescue GBV for Venezuelan Refugees and Migrants Final Progress Report, UNFPA 2024

<sup>93</sup> Colombia HRP for 2022, OCHA, 2021

be indirectly linked to resource constraints, potentially indicating that fewer organizations have the capacity to engage due to lack of funding.<sup>94</sup>

The 2024 evaluation of UNFPA's humanitarian response noted the risk of limited and unpredictable humanitarian funding weakening the potential sustainability of interventions and hindering the strengthening of local capacities. It also highlighted that core UNFPA resources were insufficient for bridging the gap between humanitarian, development, and peace activities.<sup>95</sup>

The more immediate evidence from interviewees participating in the evaluation underscored this trend (although was clearly overshadowed by the systemic shock of the very recent termination of US funding). A UNFPA key informant noted that response agencies were "*following the money rather than sticking to their mandates*", citing examples of agencies providing SRH and GBV services outside their established specialty areas, indicating both potential for programming overlap and competition for limited funds.<sup>96</sup> There were also concerns expressed that UNFPA has not been sufficiently clear or vocal to preserve its leadership role in SRH and GBV, potentially losing ground to other actors.<sup>97</sup> This was evidenced in 2023/2024 with CERF allocations for the Catatumbo crisis, for which only three agencies (WFP, UNICEF, UNHCR) were pre-approved, with UNHCR initially set to cover GBV under the protection dimension, a move considered by some as an encroachment on UNFPA's mandate.<sup>98</sup> Interviewees acknowledged that "*many agencies are doing UNFPA mandated work – e.g. UNHCR doing GBV work – impacts UNFPA's capacity to do this work*".<sup>99</sup> Another external (UN agency) stakeholder observed a "*follow the money dynamic which breaks a lot of ethical principles*", further underscoring how resource constraints can influence agency behaviour and potentially undermine established divisions of labour – the consensus among most informants was that the 2025 funding crisis will exacerbate, rather than resolve, this issue.

**Finding 12. While UNFPA does engage with youth peacebuilding activities, there is some, but limited explicit evidence of its interagency coordination leadership on these issues within humanitarian settings.**

While UNFPA has assumed global leadership on both the Youth Compact and Youth, Peace and Security (YPS) agendas, evidence around the extent to which UNFPA has led interagency coordination on these specifically within humanitarian settings in Colombia during the 2019-2024 period is very limited.

The 2023 global evaluation of UNFPA support to adolescents and youth highlights UNFPA's role but also notes that the roll-out of the Compact at the country level is still nascent and that the integration of adolescents and youth into humanitarian response is mixed.<sup>100</sup>

A 2024 meta-analysis of evaluations conducted during the 7<sup>th</sup> Country Programme for Colombia refers to the project "Colombian Youth Leading the Change for Peace", implemented by UNFPA and UNDP, which was aligned with the principles of the YPS Agenda. This shows UNFPA's engagement with YPS in Colombia, but it does not explicitly frame it as UNFPA *leading* interagency coordination on YPS across all humanitarian settings.<sup>101</sup> This meta-analysis recommends greater integration of adolescents and youth within UNFPA's humanitarian response and to identify UNFPA's corporate priorities and approaches for leadership, coordination, and partnership within programming on adolescents and youth.

Evidence from interviewees does underscore UNFPA engagement in activities related to youth and peacebuilding. For example, NGO partners noted UNFPA support to work in schools on peacebuilding and awareness about violence against children and individual projects with youth to empower them as well as potentially using safe spaces for peacebuilding and engaging vulnerable groups.<sup>102</sup> UNFPA also reported involvement in consolidating a national action plan on YPS with the government, indicating an engagement with the broader peace agenda at a national level.<sup>103</sup>

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<sup>94</sup> Ibid.

<sup>95</sup> Evaluation of the United Nations Population Fund's humanitarian response in Colombia 2020-2021-2022, UNFPA Colombia, 2023

<sup>96</sup> UNFPA, UN agency key informants.

<sup>97</sup> UNFPA key informant.

<sup>98</sup> UN agency key informant.

<sup>99</sup> Ibid

<sup>100</sup> Formative evaluation of UNFPA support to adolescents and youth, UNFPA, 2023

<sup>101</sup> Meta-Analysis of Evaluations about UNFPA's Actions in Colombia During the Seventh Country Program, UNFPA Colombia, 2024

<sup>102</sup> NGO, implementing partner key informants

<sup>103</sup> UNFPA key informant.

The final evaluation of the "Colombian Youth Leading the Change for Peace" project, implemented by UNFPA and UNDP, highlighted its alignment with the YPS agenda and its contribution to strengthening this agenda in Colombia. This project addressed various issues, including youth participation and conflict resolution, aligning with the pillars of the YPS Agenda.<sup>104</sup>

Further, a representative from a UN agency mentioned the introduction of a youth interagency group co-led by UNFPA and UNICEF, although none of its eight strategic lines of work currently include a humanitarian focus. Although UNFPA is part of this interagency group focused on youth, its mandate and activities, as described, do not clearly position it as a leading coordinator for youth peacebuilding within the context of humanitarian response. The information suggests a stronger emphasis on GBV, SRH, and general youth empowerment rather than a distinct leadership role in coordinating peacebuilding efforts for youth within humanitarian crises.

Other evidence of UNFPA leadership in this regard is lacking. For example, published situation reports on individual humanitarian crises (e.g. in Chocó department) list numerous agencies involved in humanitarian efforts and peace development, with UNFPA mentioned, but do not specify UNFPA's leadership in interagency YPS initiatives.<sup>105</sup> The evaluation of UNFPA's humanitarian response in Colombia focuses on SSR, GBV, adolescents and youth, and population data, but does not detail UNFPA-led interagency coordination on YPS within that humanitarian context.<sup>106</sup>

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<sup>104</sup> Meta-Analysis of Evaluations about UNFPA's Actions in Colombia During the Seventh Country Program, UNFPA Colombia, 2024

<sup>105</sup> Departmental Briefings for Chocó, Colombia Humanitarian Advisory Team, 2022

<sup>106</sup> Evaluation of the United Nations Population Fund's humanitarian response in Colombia 2020-2021-2022, UNFPA Colombia, 2023

**EQ6 (Efficiency)** To what extent are internal resources, structures, systems, processes, policies and procedures at UNFPA conducive to efficient and timely humanitarian action, at all levels of the organization (global, regional, national)?

#### **FINDINGS**

**Finding 13.** Despite limited evidence of a strategic, long-term, and adequately resourced human resource strategy, creative measures have nonetheless been employed to attract competent staff and deliver effective field-level programming.

**Finding 14.** Supplies/commodities are useful and welcome but very small in quantities, with challenges if international procurement required (procurement delays, cost of importation). Good local procurement and tailoring of commodities.

**Finding 13. Despite limited evidence of a strategic, long-term, and adequately resourced human resource strategy, creative measures have nonetheless been employed to attract competent staff and deliver effective field-level programming.**

The challenges related to human resources within UNFPA Colombia's humanitarian operations mirror those documented by other research work at national and global levels (i.e. other, similarly resourced countries face the same challenges). For example, the global UNFPA evaluation on adolescents and youth programming highlighted that in many country contexts, limited financial resources led to reduced human resources and reliance on short-term staffing, even though responses or programme portfolios were a longer-term priority requiring permanent staff with specific skills. The same evaluation highlighted that fixed-term contract staff often cover multiple areas (SRH, gender, in addition to youth), which strain capacity – this was also a feature of UNFPA Colombia operations.

Despite these challenges, both primary and secondary data indicate that even without a robust long-term HR strategy, UNFPA has managed to recruit and organize a capable workforce. These measures include direct contracting, strategic deployment through mobile teams, investment in training, and leveraging specific roles for resource mobilization. The focus on efficiency through direct implementation and at-scale projects funded by CERF also suggests efforts to maximize the impact of available human resources.

For example, the evaluation of UNFPA's humanitarian response in Colombia between 2020-2022 highlighted that the human resources allocated to UNFPA interventions enabled the achievement of its mandate, with teams trained in SRHR, GBV, and the agency's working procedures and approaches. This triangulates with primary data, with key informants noting the significant increase in UNFPA's operational scale due to the Venezuela crisis from 2019, moving from a small office to the largest one in the region with a substantial increase in staff dedicated to humanitarian response.<sup>107</sup> Sub-national teams were structured according to the scale of action in each area, generally including a local coordinator, case managers, and community promoters.<sup>108</sup> Direct contracting of sub-national teams for GBV and SRH activities in 2020, following the end of contracts with partners, was reported to guarantee greater efficiency by optimizing resources and maximizing actions within the short timeframes of humanitarian response projects. This shift to direct implementation was deemed by evaluators as a measure to ensure better control over staff competence and program delivery.<sup>109</sup> Internal project reporting relating to responses to Venezuelan migrant needs with funding from the U.S. Department of State's Bureau of Population, Refugees, and Migration (PRM) , explicitly note the need to retain personnel essential for the Colombia CO to respond to the high demand of humanitarian needs, highlighting the critical role of staff in delivering programming, monitoring and communicating with donors to ensure additional funding.<sup>110</sup>

Despite the challenges posed by humanitarian funding cycles (and the US Government funding suspension, the consequences of which are still emerging), UNFPA has maintained a field presence and continues to

<sup>107</sup> UNFPA key informants.

<sup>108</sup> Evaluation of the United Nations Population Fund's humanitarian response in Colombia 2020-2021-2022, UNFPA Colombia, 2023

<sup>109</sup> Ibid.

<sup>110</sup> Internal Report EF-365 on the use of Emergency Fund/Humanitarian Action Fund, UNFPA 2022

deliver direct programming, widely recognized as a key player in SRHR and GBV interventions.<sup>111</sup> The reliance on partnerships with local NGOs and community leaders, coupled with providing technical assistance and capacity building by UNFPA staff at all levels, can also be seen as a resource-efficient and creative way to extend their reach and impact in the field, leveraging existing local expertise.<sup>112</sup>

However, underlying challenges related to funding limitations, reliance on short-term contracts, and potential staff turnover (due to project-based funding cycles that necessitate closure of specific field operations), as highlighted in various evaluations<sup>113</sup> and by a range of key informants, likely continue to pose obstacles to building a truly strategic and sustainable human resource capacity for humanitarian action in Colombia. The preference for direct implementation over local partner capacity building, potentially driven by resource constraints, might also limit the broader impact and sustainability of the humanitarian response – particularly given the medium-long term consequences of the US defunding.

**Finding 14. UNFPA supplies and commodities are valued but limited in quantity, with international procurement posing challenges if required due to delays and importation costs, while local procurement and commodity customisation function well.**

UNFPA supplies are clearly valued and play a crucial role in addressing SRHR and GBV needs within humanitarian settings in Colombia. The evaluation of UNFPA's humanitarian response in Colombia from 2020-2022 noted that UNFPA efforts to strengthen humanitarian SRH services included providing supplies and protective items to health providers, which were highly valued in the context of an underfunded and disrupted health system.<sup>114</sup>

Supplies and commodities are provided not only as part of regular humanitarian response programming, but were also part of the 2020-2021 UNFPA response to the COVID-19 pandemic, with increases in family planning supplies for particularly vulnerable populations such as Venezuelan migrants, Afro-descendants, and indigenous peoples.<sup>115</sup> This was noted as being crucial in light of the under-resourced and disrupted global and national health systems, stock-outs and access barriers.<sup>116</sup>

The high value and perceived positive impact of kits and commodities is corroborated by primary data from all stakeholders, including community-based rights-holders, who unanimously noted that supplies were highly valued by the recipients, particularly among vulnerable populations and in areas where other forms of assistance are scarce. For instance, FGD attendees noted that UNFPA gave them kits when there was little or no other assistance available. Similarly, a representative from a local NGO partner mentioned that the delivery of kits by UNFPA are sometimes the only activities being undertaken in specific areas. Venezuelan migrants that cannot access the Colombia public health system are provided access to key RH commodities such as family planning supplies by UNFPA humanitarian staff, who can advocate on their behalf to government or non-government health service providers.

However, availability of supplies and commodities is very limited, given the scale of the refugee crisis and the multiple other crises that affect Colombia.<sup>117</sup> Key UNFPA management staff acknowledged that resources for humanitarian response are "*nowhere near commensurate with needs*". Funding cuts, particularly the suspension of US funding, have further exacerbated these limitations, leading to a situation where many needs remain unmet and will continue to be so. While UNFPA strives to reach vulnerable groups and remote areas, the sheer scale of the crises and the number of people in need often outstrip the available resources, leading to prioritization based on demand and severity of need.<sup>118</sup> Absolute numbers of kits distributed were

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<sup>111</sup> UNFPA, UN agency, iNGO, Government key informants.

<sup>112</sup> iNGO, implementing partner, Government key informants.

<sup>113</sup> Such as the Evaluation of the United Nations Population Fund's humanitarian response in Colombia 2020-2021-2022, UNFPA Colombia, 2023; the Evaluation of UNFPA's Contribution to the Design and Implementation of Comprehensive Sexuality Education Policies and Programs in the Americas; and the 2015-2019 UNFPA CPE.

<sup>114</sup> Evaluation of the United Nations Population Fund's humanitarian response in Colombia 2020-2021-2022, UNFPA Colombia, 2023

<sup>115</sup> Meta-Analysis of Evaluations about UNFPA's Actions in Colombia During the Seventh Country Program, UNFPA Colombia, 2024

<sup>116</sup> Evaluation of the organizational resilience of UNFPA in light of its response to the COVID-19 pandemic; Country Briefing Note: Colombia, UNFPA 2023

<sup>117</sup> UNFPA, UN agency, NGO key informants.

<sup>118</sup> UNFPA key informants.

not available, but for dignity kits, figures reported via internal and donor reporting average several hundred per year.

In terms of procurement, evidence from key informants suggests that international procurement, particularly for RH kits, poses challenges due to delays and importation costs. National requirements for approval and customs clearance are described as "very complex" and "time-consuming," potentially taking 3-6 months to get kits through.<sup>119</sup> This lengthy process makes international procurement less viable for rapid emergency response.

Other evaluations noted that UNFPA Colombia reliance on international procurement faces challenges due to limited procurement capacities amongst UNFPA staff (e.g. unfamiliarity with fast-track procurement procedures), low thresholds for local procurement, and strict Government of Colombia import rules. Furthermore, the absence of pre-positioned supplies to resort to due to high storage and management costs further exacerbates the issue of limited immediate availability.<sup>120</sup>

Conversely, local procurement and the customisation of commodities appear to function well, including use of specialist expertise (in 2021) to study specific needs for kit customization.<sup>121</sup> UNFPA engages in local purchases for dignity kits, adapting their contents to the specific needs and cultural contexts of different vulnerable groups, such as including knitting needles and recyclable pads for certain communities.<sup>122</sup> This approach allows for greater flexibility and relevance to the specific needs of the populations being served, demonstrating a strength in UNFPA's operational approach to commodity provision despite the overarching resource limitations.

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<sup>119</sup> UNFPA key informants.

<sup>120</sup> Evaluation of the organizational resilience of UNFPA in light of its response to the COVID-19 pandemic; Country Briefing Note: Colombia, UNFPA 2023

<sup>121</sup> UNFPA key informants.

<sup>122</sup> UNFPA key informants, FGD participants.

**EQ7 (Coherence)** To what extent are UNFPA humanitarian interventions internally coherent and complementary to that of other humanitarian actors, thus reducing gaps, avoiding duplications and creating synergies?

## **FINDINGS**

**Finding 15.** Internal integration of GBV, SRHR and (to a lesser extent) youth is a positive strategy by UNFPA from the perspective of optimizing efficiencies and resources.

**Finding 16.** UNFPA is perceived as a cooperative and competent partner, engaging effectively in joint humanitarian programmes with sister agencies, demonstrating strong coordination at municipal and provincial levels through co-location of offices, and actively participating in national and interagency mechanisms with no evidence of activity duplication in refugee contexts.

### **Finding 15. Internal integration of GBV, SRHR and (to a lesser extent) youth is a positive strategy by UNFPA from the perspective of optimizing efficiencies and resources.**

There is good evidence that UNFPA has undertaken efforts to integrate SRH, GBV, and youth programming in its humanitarian response in Colombia through programme implementation, although the integration of youth appears to be less explicitly framed in this way. For example, WGSS services link mental health support to GBV services for youth, and internal project and programme proposals offer evidence of a design of programmatic outputs that consider these interconnected needs. The creation of WGSS for girls and young women has emerged as a key strategy in UNFPA's humanitarian response, as part of an integrated approach by providing a safe environment where SRHR information and GBV support can be offered.<sup>123</sup> Many adolescent and youth programmes are increasingly incorporating mental health services linked to GBV services as psychosocial support. This indicates an understanding of the interconnectedness of trauma, GBV, and the mental well-being of young people. For example, UNFPA and UNICEF adapted joint programming to meet the needs of young people affected by violence, and mental health service needs of young people were particularly acute during the pandemic, with evidence of increased domestic violence, unprotected sex, and unplanned pregnancies.<sup>124</sup>

Internal and external UNFPA stakeholders provide strong primary evidence of SRHR and GBV programming in the same locations, and clear referrals between the two areas. This co-location of services naturally creates efficiencies by streamlining access for beneficiaries with interconnected needs. Further, the evaluation identified community-based examples of provision of holistic responses between SRH and GBV, adhering to SOPs and minimum standards, evidence of the operationalisation of a strategy aimed at addressing these interconnected issues in a comprehensive and efficient manner. Mobile teams providing (primarily) SRH services also aim to reach vulnerable populations, including young people, and address barriers to access, which can be linked to GBV vulnerability in remote areas. While the primary focus is SRH (contraception, prenatal care), reaching at-risk youth can have indirect benefits for GBV prevention by empowering them with health information and choices.<sup>125</sup>

While primarily addressing hygiene and menstrual health needs, dignity kits are a crucial component of the GBV response, providing essential items and often including information on GBV prevention and available services. Although, as discussed above, distributions of dignity kits to women and girls in humanitarian settings has been limited, those that are provided often target vulnerable women and adolescent girls.

The 2022 evaluation of UNFPA Colombia's humanitarian response work also highlighted work to provide or support quality integrated SRH services and prevent GBV for the refugee, migrant and conflict-affected populations.

While the integration of GBV and SRHR seems to be an active and valued approach, the evidence regarding youth integration is less pronounced, with concerns raised that the new (global) UNFPA Strategic Plan might

<sup>123</sup> UNFPA, implementing partner key informants.

<sup>124</sup> Formative evaluation of UNFPA support to adolescents and youth, UNFPA, 2023

<sup>125</sup> UNFPA, implementing partner key informants.

only have youth as a cross-cutting issue, potentially making it "invisible".<sup>126</sup> However, there are good examples of specific projects that focus on youth, for example in Norte Santander province called "Boys Empowered".<sup>127</sup> The existence of "bike-empowered" GBV services<sup>128</sup> suggests efforts to reach communities, potentially including youth, in innovative ways.<sup>129</sup> The Health for Peace project, implemented with the Ministry of Health and WHO in conflict-affected municipalities, adjusted its focus to recruit nurses and facilitate access to quality health services, including for young people. Further, the use of safe spaces for peacebuilding and vulnerable groups also includes youth.

**Finding 16. UNFPA is perceived as a cooperative and competent partner, engaging effectively in joint humanitarian programmes with sister agencies, demonstrating strong coordination at municipal and provincial levels through co-location of offices, and actively participating in national and interagency mechanisms with no evidence of activity duplication in refugee contexts.**

Although issues of competition for resources are evident (discussed under EQ5, above), it is equally clear that UNFPA plays a crucial coordinating role within the humanitarian architecture in Colombia under its mandate areas. Notably (also discussed above) UNFPA co-leads key coordination bodies and subsidiary groups, including the GBV subcluster, the SRH technical working group and the data inter-agency working group with other UN agencies, government entities and NGOs at national and sub-national levels. This co-leadership position allows UNFPA to guide the strategic direction of the humanitarian response in these critical areas, ensuring coherence and preventing overlap.

UNFPA also actively participates in broader humanitarian coordination frameworks, such as the HCT and its various clusters and working groups. This participation facilitates information sharing, joint needs assessments, and coordinated responses to emergencies. This extends to alignment with national and regional response plans, specifically the HRP and the RMRP, with UNFPA's integration with these instruments attested to by various programme evaluations conducted over the course of the 2020-2024 period.<sup>130</sup>

On a more programme and project basis, internal donor reporting related to CERF allocations also provide evidence of UNFPA engagement in joint planning and implementation of humanitarian responses, aimed at ensuring a coherent approach and identify synergies between agencies, and avoidance of duplication. Further, UNFPA collaborates with other agencies on specific thematic areas like PSEA and adolescent and youth issues. These collaborations can involve joint training sessions, campaigns, and policy inputs, maximizing reach and impact while reducing the risk of parallel initiatives.

Some specific examples of joint programming from desk review documentation are:

- For the CERF-funded response in the Amazonas department, UNFPA coordinated with UN systems in Brazil and Peru on a joint intervention across the GBV and health/SRHR sectors.
- UNFPA and UN Women developed a joint intervention for GBV response, with UNFPA focusing on response services and UN Women on strengthening public institutions. This collaboration aimed to maximize the expertise and mandate of each agency while avoiding duplication in service delivery in four departments of Colombia.
- During the COVID-19 pandemic, UNFPA actively participated in and sometimes led inter-agency coordination mechanisms specifically related to the pandemic, such as the HCT Inter-sectoral COVID-19 Response Plan and the SERP. UNFPA also supported the government's statistical office (DANE) in monitoring the impact of COVID-19 on SDGs.

Evidence from external stakeholders indicates that UNFPA is widely perceived as a cooperative and competent partner in humanitarian action in Colombia. Sister agencies and local partners (both

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<sup>126</sup> UNFPA key informant.

<sup>127</sup> Implementing partner key informant.

<sup>128</sup> Provision of bicycles to WGSS members and partner staff with which to conduct community outreach on key GBV and SRH topics.

<sup>129</sup> UNFPA, implementing partner, WGSS key informants.

<sup>130</sup> i.e. the Evaluation of the United Nations Population Fund's humanitarian response in Colombia 2020-2021-2022, UNFPA Colombia, 2023, the Meta-Analysis of Evaluations about UNFPA's Actions in Colombia During the Seventh Country Program, UNFPA Colombia, 2024 and the Evaluation of the organizational resilience of UNFPA in light of its response to the COVID-19 pandemic; Country Briefing Note: Colombia, UNFPA 2023

governmental and non-governmental) expressed positive views on UNFPA's contributions to GBV and SRHR programming, particularly in sub-national contexts. For example, in response to a local crisis with displaced populations, UNFPA persistence in ensuring participation in the response alongside WFP, UNHCR, and UNICEF, ensured that funding was allocated for GBV services.<sup>131</sup> Furthermore, a WGSS member mentioned that their space was a joint effort of several organizations, including IRC, UNFPA, and Plan International. The establishment of a Youth Interagency Group co-led by UNFPA and UNICEF, involving eight UN agencies in joint work planning at sub-national level was noted as a strong achievement.<sup>132</sup>

At the municipal and provincial levels, UNFPA is an active participant and co-leader in relevant interagency working groups, with examples of co-location of offices facilitating information sharing, joint planning, and a more coherent response. While concerns were raised about potential mandate overlap and competition for resources with agencies in work related to UNFPA's mandate, the evidence suggests that this is taking place at national and regional levels, and sub-national platforms serve well to mitigate potential activity duplication, through regular information sharing and mapping of services and improved understanding of roles.<sup>133</sup>

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<sup>131</sup> OCHA key informant.

<sup>132</sup> UNFPA, UN agency key informants.

<sup>133</sup> UNFPA, UN agency, implementing partner, government key informants.

**EQ8 (Connectedness) To what extent is humanitarian action at UNFPA linked to preparedness and longer term development processes and programmes, across the humanitarian-development-peace nexus?**

**FINDINGS**

**Finding 17.** While explicit HDP nexus programming is more related to development rather than humanitarian programming, in practice, development, humanitarian and peacebuilding efforts are integrated into humanitarian responses as part of the core UNFPA Colombia approach.

**Finding 18.** Humanitarian responses are well oriented towards sustainability, lack of systematic donor funding, high turnover of government staff, and limited government resources hinder long-term capacity, localisation, and sustainability.

**Finding 17. While explicit HDP nexus programming is more related to development rather than humanitarian programming, in practice, development, humanitarian and peacebuilding efforts are integrated into humanitarian responses as part of the core UNFPA Colombia approach.**

UNFPA's humanitarian work in Colombia demonstrates a long-term commitment to supporting longer-term development and resilience goals through a variety of key strategies. At a high level, UNFPA's humanitarian response in Colombia aligns with the UNSDCF for Colombia (2020-2023) and the national challenges and priorities defined in the National Development Plan.<sup>134</sup> The 2021-2024 CPD explicitly states that "strategies to operationalize the humanitarian-development-peace nexus across programme interventions will also be implemented". This is further emphasized in the context of strengthening territorial development in areas affected by violence, poverty, and high migration. The previous CPD for 2015-2019, while not explicitly mentioning the nexus, included support for people affected by humanitarian crises and national emergency preparedness. Further, the evaluation of the 6th Country Programme (2015-2019) noted that UNFPA supported interventions of an institutionalized character aimed at implementing and deepening official government policies and programs, contributing to sustainability. While this was in the previous CPD (and prior to the scope of this evaluation), the principle of building on existing structures for longer-term impact remains relevant.<sup>135</sup>

Specific programme strategies also serve to enhance resilience and build along the HDP nexus. For example, UNFPA's provision of multi-purpose cash transfers to GBV survivors since 2020 is increasingly being implemented with a view to integration and development.<sup>136</sup> This approach aims to strengthen livelihoods, promote economic autonomy, and reduce future vulnerability to GBV, contributing to long-term recovery and resilience. Satisfaction surveys indicated that a significant percentage (56.6 per cent) of recipients used the resources for livelihoods. Recurring cash transfers were found to be more beneficial in improving household relationships and reducing unmet needs, also leading to beneficiaries seeking more psychosocial support, indicating a longer-lasting impact.<sup>137</sup>

UNFPA's peacebuilding work, for example via the "Colombian Youth Leading the Change for Peace" project suggests UNFPA's involvement in initiatives that bridge humanitarian action with peacebuilding, which is inherently a long-term goal.<sup>138</sup>

This said, explicit UNFPA HDP nexus programming is formally categorized as part of UNFPA Colombia's longer-term development work, rather than humanitarian response.<sup>139</sup> However, both internal and external stakeholders were clear that in practice, development and peacebuilding efforts are indeed integrated into UNFPA Colombia's humanitarian responses as a core part of their approach. A representative from a local

<sup>134</sup> As noted in the 2021-2024 CPD and also highlighted in the Evaluation of the United Nations Population Fund's humanitarian responses in Colombia 2020-2021-2022, UNFPA Colombia, 2023

<sup>135</sup> Evaluation of UNFPA's Contribution to the Design and Implementation of Comprehensive Sexuality Education Policies and Programs in Latin America and the Caribbean 2013-2018, UNFPA 2019

<sup>136</sup> Evaluation of the United Nations Population Fund's humanitarian responses in Colombia 2020-2021-2022, UNFPA Colombia, 2023

<sup>137</sup> Meta-Analysis of Evaluations about UNFPA's Actions in Colombia During the Seventh Country Program, UNFPA Colombia, 2024

<sup>138</sup> Ibid.

<sup>139</sup> UNFPA key informants, also referenced in the 2021-2024 CPD.

NGO highlighted supporting income-generating activities as part of their partnership with UNFPA which bridges immediate humanitarian needs with longer-term development goals. Similarly, UNFPA humanitarian staff described providing dignity kits customized to include items for income generation, indicating a consideration for livelihoods within humanitarian assistance.

Further, peacebuilding is also an integral element of UNFPA's humanitarian work in Colombia. The use of WGSS for peacebuilding with vulnerable groups fosters social cohesion and addresses conflict-related trauma.<sup>140</sup> The fact that UNFPA works with communities in conflict areas, trains women there, and uses them to identify needs also points to an approach that acknowledges and engages with the dynamics of peace and resilience.

UNFPA country management highlighted that UNFPA's position has always been focused on a geographical basis, combining responses to migrants and conflicts, which is seen as better for communities and avoids prioritizing one group over another, potentially preventing further conflict.

**Finding 18. Humanitarian responses are well oriented towards sustainability, though lack of systematic donor funding, high turnover of government staff, and limited government resources hinder long-term capacity strengthening, localisation, and sustainability.**

UNFPA's humanitarian interventions in Colombia actively contribute to capacity development at both national and local levels through various training programs, technical assistance, support for the development of protocols and guidelines, and strengthening of local organizations and government institutions. These efforts aim to build resilience and improve the response to crises and reduce disaster risks.

At the national level, UNFPA reports active coordination of the efforts of different partners and maintains constant dialogue with Colombian state response institutions, contributing to the strengthening of mechanisms for response to GBV and SRHR needs within the humanitarian architecture.<sup>141</sup> UNFPA supports the Colombian government in developing and implementing policies and programmes related to SRHR and GBV, which have longer-term implications for the well-being of the population. For example, UNFPA support for the implementation of Comprehensive Sexuality Education (CSE), though facing sustainability challenges, aimed to create lasting impact through institutionalized interventions.<sup>142</sup> UNFPA also invests in data initiatives that contribute (or potentially contribute) to humanitarian programming, such as the support to the 2022 Census round, and support to youth data generation via technical assistance to the Government's statistical office (DANE) to monitor the impact of COVID-19 on progress towards the SDGs, linking immediate crisis to long-term development goals.

UNFPA has also supported the strengthening of a range of national NGOs/CSOs, including community-based women's organisations across its programming, which contributes to the sustainability of actions and strengthens local capacity for GBV prevention and response and the provision of SRH services. With the exception of 2020, approximately 50 per cent of UNFPA humanitarian resources have been programmed annually via national NGO partners, indicating a substantive commitment to the civil society sector.<sup>143</sup>

As reported in EQs 2-4, a key element of UNFPA's work involves providing support, technical assistance, and training to various actors, including territorial GBV subgroups, local SRH coordination spaces, and officials from NGOs and UN agencies. Topics covered include Interagency Minimum Standards for GBV in Emergencies Programming, the MISP, attention to GBV/CMR, and SOPs and referral mechanisms between SRH and GBV.

These efforts are indicators of an intention to move beyond a simple disaster and conflict reaction to incorporate a resilience-based approach, linking prevention, preparedness, and response with the building of national capacities.

Finally, UNFPA supports the strengthening of community capacities, working with women leaders to enhance their ability to identify cases, activate care pathways, support survivors, and conduct training in their communities on SRHR and GBV. Local women's organizations are identified as key actors in prevention and

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<sup>140</sup> UNFPA, local government key informants.

<sup>141</sup> Provision of Protection Services, SRH and Rescue GBV for Venezuelan Refugees and Migrants 2023-2024, Final Progress Report, UNFPA, 2024

<sup>142</sup> Ibid.

<sup>143</sup> UNFPA internal financial tracking data (ATLAS and QUANTUM).

care. A local government key informant noted UNFPA's focus on providing "knowledge" and "teaching" that can be replicated, indicating an investment in sustainable skills and local ownership<sup>144</sup>

However, sustainability and localisation are hindered by various challenges such as high turnover of government staff, lack of systematic donor funding, and limited government resources.<sup>145</sup> The issue of high turnover within government agencies is repeatedly cited as a major challenge, undermining capacity-building efforts as newly trained staff are frequently replaced due to political reasons. The lack of consistent donor funding has historically forced UNFPA and its partners to operate on short project cycles, creating issues with continuity and making it difficult to sustain long-term initiatives. Following the suspension of US funding this situation is likely to significantly worsen. Moreover, the limited resources of the Colombian government and their varying prioritization of humanitarian response in areas such as SRH and GBV mean that local capacities are often insufficient to take over fully once international support diminishes.<sup>146</sup>

Despite these challenges, UNFPA demonstrates commitment to localisation. The development of a Humanitarian Pooled Fund as part of the localisation strategy, aiming to channel funds directly to local communities, indicates a strategic direction towards empowering local actors.<sup>147</sup> Additionally, UNFPA works with and strengthens local women-led organizations, providing them with capacity building and budgets to implement projects, some of which are already securing complementary government funding.<sup>148</sup> While UNFPA aims to complement and support government responses rather than replace them, the ongoing challenges limit the extent to which these localisation efforts can lead to full sustainability without continuous international support.

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<sup>144</sup> UNFPA, implementing partner key informants.

<sup>145</sup> UNFPA, UN agency, NGO key informants.

<sup>146</sup> UNFPA key informants.

<sup>147</sup> Ibid.

<sup>148</sup> Implementing partner key informants.

## Conclusions

1. UNFPA's humanitarian response programming in Colombia during 2019-2024 shows increasing relevance through progressive integration with global humanitarian frameworks and alignment with UNFPA's mandate and UN strategic documents. UNFPA consistently sought to embed its priorities in humanitarian planning, particularly for the Venezuela crisis, though with all due regard to national conflicts and other crises. However, the degree of relevance is limited by acknowledged data and needs assessment gaps for specific vulnerable groups and the wide variety of emergencies that Colombia has (and continues to) faced. This leads to concerns about the extent and focus of humanitarian integration in strategic documents and UN frameworks beyond the migration crisis and a potential diminishment of humanitarian focus given future resource constraints.

*[Links to Findings 1-3]*

2. Overall, UNFPA has demonstrated effectiveness in specific aspects of its humanitarian response. It has enhanced access to quality GBV services through various mechanisms and provided valuable technical training for SRH service providers. UNFPA's co-leadership in SRHR and GBV coordination mechanisms has improved partner coordination and programming. However, the overall effectiveness is constrained by the limited scale and coverage of UNFPA's support relative to the significant needs in SRH and GBV (and youth). Sustainability remains a challenge due to reliance on the irregularity and limited scale of humanitarian response funding. Data collection and disaggregation, particularly for humanitarian programming, require further improvement. Furthermore, dwindling resources are increasing competition among agencies, potentially undermining UNFPA's leadership role. While UNFPA engages in youth peacebuilding activities, evidence of its interagency coordination leadership in this area within humanitarian settings is limited.

*[Links to Findings 4-12]*

3. UNFPA in Colombia has proved an efficient steward of the limited resources that it has available to engage in humanitarian programming, through deployment of competent staff despite significant, and increasing, long-term resourcing challenges. This has enabled impactful, if small-scale field-level programming. Supplies and commodities are highly valued but limited in quantity, with international procurement facing challenges like delays and high costs. In contrast, local procurement and customization of commodities appear to function efficiently.

*[Links to Findings 13, 14]*

4. UNFPA demonstrates good overall coherence in its humanitarian response programming in Colombia. There is a positive internal integration of GBV and SRHR programming, which optimizes resources and streamlines access for beneficiaries. UNFPA is perceived as a cooperative and competent partner, effectively engaging in joint humanitarian programmes with other agencies and demonstrating strong coordination at local levels through co-location and active participation in interagency mechanisms.

*[Links to Findings 15, 16]*

5. UNFPA's humanitarian action in Colombia demonstrates a good orientation towards connectedness with longer-term development and peacebuilding efforts, aligning with national frameworks and implementing relevant and innovative strategies that build resilience amongst civil society and populations. Despite good efforts to build broad-based capacity and enhance localisation, sustainability is significantly challenged by factors such as the governance environment, lack of systematic donor funding, and limited government resources.

*[Links to Findings 17, 18]*

# Suggestions for Recommendations

## Key suggested recommendations at country level.

### *Linking to conclusion 1*

- A. UNFPA should strengthen its capacity for monitoring, data collection and analysis, ensuring better disaggregation by nationality and for vulnerable groups like youth and people with disabilities, to inform more targeted and relevant humanitarian programming across different emergency types.
- B. Future strategic planning at UNFPA Colombia should clearly and explicitly integrate a humanitarian focus, including advocacy efforts with national and interagency stakeholders to increase the profile of humanitarian preparedness and crisis response in related plans and strategies.

### *Linking to conclusion 2*

- C. UNFPA should work to improve the visibility and prioritization of SRHR and GBV needs within broader humanitarian response plans and increase advocacy efforts for resource allocation at national and international levels. This should include advocacy to increase government investment in public health systems sub-nationally, as well as facilitating inclusion of Venezuelan migrants in these systems.
- D. Given dwindling resources, UNFPA should proactively reassert its leadership role in SRHR, GBV and youth coordination at the highest levels, clearly articulating its mandate and fostering stronger interagency collaboration based on respective expertise to avoid mandate creep and competition.

### *Linking to conclusion 3*

- E. UNFPA should develop a more strategic and long-term human resource plan that addresses the reliance on short-term contracts and potential staff turnover to ensure sustained capacity for effective humanitarian action. In a resource-constrained context, this might entail delegating humanitarian responsibilities to development programming staff or maintaining a roster of national specialists that can be drawn upon at need. UNFPA should ensure that they have the training and skills necessary to assume these different roles and responsibilities as required, particularly in relation to short-term and acute crises (either conflict or disaster-related).
- F. To improve the efficiency of supply provision, UNFPA should explore strategies to streamline international procurement processes through the SCMU and further enhance local procurement options, including pre-positioning of essential supplies where feasible, to ensure timely responses to sudden-onset crises where UNFPA (and partners) may have access advantages over national responders.

### *Linking to conclusion 4*

- G. UNFPA should explicitly strengthen the integration of youth, peace, and security considerations within its humanitarian programming and actively seek opportunities to lead or co-lead interagency coordination efforts in this crucial area to realise its commitments to the YPS agenda.

### *Linking to conclusion 5*

- H. To enhance sustainability, UNFPA should maintain its engagement with and seek more consistency with national and local partners, providing consistent capacity-building support and actively participating in localization efforts, while advocating for increased government resources for SRH and GBV services.

## Annexes

### Annex I: List of Key Informants

Interviewee Position	Location	Interviewee Org
Regional Coordinator	Bogota	Alianza por la Solidaridad (Action Aid)
Coordinator of Multilateral Sources; Liaison Officer for UNFPA, International Cooperation Demand Management Directorate	Bogota	Presidential Agency for International Cooperation of Colombia (APC-Colombia)
Arauca Local Government: Professional Nurse; XXX; Coordinator of Territorial Plan	Arauca	Local Government
Project Manager, Barco Hospital, Psychologist	Bogota	Barco Hospital
n/a	Arauca	Arauca WGSS
MH Specialist Govt of Health Director of SRHR Dept of Health in Santander Secretary of Govt for Cucuta city Secretaria of health, Cucuta - Council of Rosaria Municipality	Cucuta	Local Government
UNHCR Senior Community Protection Officer Fundacion Operation Liberta Internacional - Director UNICEF Office coordinator Santander North Interagency Coordination Platform between IOM and UNHCR OCHA Information Analyst	Cucuta	Various (interagency UN)
PAHO Consultant Psychologist/GBV specialist SCF UN Verification Mission Project coordinator Apoyar (Local NGO)	Arauca	Various (interagency UN)
Adolescent and Youth Advisor	Bogota	UNFPA
SRH Advisor	Bogota	UNFPA
Gender, Rights and Interculturality Advisor	Bogota	UNFPA
Country Representative	Bogota	UNFPA
Deputy Representative	Bogota	UN Women
Deputy Representative	Bogota	UNFPA
Resident Coordinator	Bogota	OCHA
Territorial Coordinator	Arauca	UNFPA
P&D Advisor	Bogota	UNFPA
M&E Advisor	Bogota	UNFPA
Coordinadora Resuesta Humanitaria; Profesional Para La Coordinación Y Programación Humanitaria En VBG; Profesional para el seguimiento y monitoreo de la respuesta humanitarian	Bogota	UNFPA
Cucuta Programme Team	Cucuta	UNFPA
Rights-Holders	Taliento Settlement, Cucuta	Taliento Safe Space

## Annex II: List of References

While the evaluation made use of a considerably wider body of documentation and data provided by the UNFPA Colombia Country Office and sourced independently by the evaluation team, the following are the principal sources of information that informed the development of the findings above and cited in the footnotes.

- 2022 Humanitarian Needs Overview for Colombia, OCHA, 2021
- Annual Planning 2020-23 (Internal Documents), UNFPA Colombia.
- Colombia HRP for 2022, OCHA, 2021
- Departmental Briefings for Chocó, Colombia Humanitarian Advisory Team, 2022
- Evaluación del Programa de País del UNFPA: Colombia, 2015–2019, UNFPA 2020
- Evaluación sobre capacidades de respuesta para población desplazada individualmente, Impact Reach, 2024
- Evaluation of the organizational resilience of UNFPA in light of its response to the COVID-19 pandemic, UNFPA 2023
- Evaluation of the organizational resilience of UNFPA in light of its response to the COVID-19 pandemic; Country Briefing Note: Colombia, UNFPA 2023
- Evaluation of the United Nations Population Fund's humanitarian responses in Colombia 2020-2021-2022, UNFPA Colombia, 2023
- Evaluation of UNFPA's Contribution to the Design and Implementation of Comprehensive Sexuality Education Policies and Programs in Latin America and the Caribbean 2013-2018, UNFPA 2019
- Formative evaluation of UNFPA support to adolescents and youth, UNFPA, 2023
- Internal Report EF-365 on the use of Emergency Fund/Humanitarian Action Fund, UNFPA 2022
- Internal UNFPA Report on use of Emergency Funds/Humanitarian Action Fund, 2020
- Meta-Analysis of Evaluations about UNFPA's Actions in Colombia During the Seventh Country Program, UNFPA Colombia, 2024
- Progress Report of Project USA 94 to the Bureau of Population, Refugees, and Migration, UNFPA 2023
- Provision of Protection Services, SRH and Rescue GBV for Venezuelan Refugees and Migrants 2023-2024, Final Progress Report, UNFPA, 2024
- Provision of Protection Services, SRH and Rescue GBV for Venezuelan Refugees and Migrants Final Progress Report, UNFPA 2024
- Socioeconomic consequences of adolescent pregnancy in six Latin American countries. Implementation of the MILENA methodology in Argentina, Colombia, Ecuador, Guatemala, Mexico and Paraguay. UNFPA LACRO, 2020
- UNFPA annual report on the Use of CERF funds, UNFPA Colombia 2021
- UNFPA Colombia annual report on the use of CERF funds, 2023
- UNFPA CPD 2019-2022
- UNFPA internal financial tracking data (ATLAS and QUANTUM).
- United Nations Verification Mission in Colombia, 9374th Meeting SC/15353, 12 July 2023
- Colombia: GBV cases and response gaps, Thematic Report, ACAPS, April 2023
- Evaluation of UNFPA support to population dynamics and data, UNFPA, 2023

## Annex III: Field Schedule

### Day 1. March 17, 2025

Time	Activity
08:15 – 08:30	Meet and greet with Program Analyst Monitoring & Evaluation (Advisor), Rubby Martínez, and the Interpreter, Carolina Borrero Calle 84A · 10-50 6 <sup>th</sup> Floor UNFPA Meeting Room 6 <sup>th</sup> Floor
08:30 – 09:15	Interview with Resident Coordinator, Ms. Mireia Villar UNFPA Meeting Room 6 <sup>th</sup> Floor
09:15 – 10:00	
10:00 – 10:30	Briefing with Resident Representative, Luis Mora Calle 84A · 10-50 6 <sup>th</sup> Floor, Rep's Office
10:30 – 11:15	Interview with Resident Representative, Luis Mora Calle 84A · 10-50 6 <sup>th</sup> Floor, Rep's Office
11:30 – 12:30	Completion of schedule UNFPA Meeting Room 6 <sup>th</sup> Floor
12:30	Lunch
	Interviews Bogotá (UNFPA- UNSystem-Government -Implementing Partner)
14:00 – 14:45	Security briefing Maria Camila Parra, SICU Coordinator and SIOS Coordinator OIC -UNDSS UNFPA Meeting Room 6 <sup>th</sup> Floor Optional virtual link <a href="https://meet.google.com/wcf-ajoa-wzq">meet.google.com/wcf-ajoa-wzq</a>
15:00 – 16:30	Interview with the Humanitarian team (Julieth Pérez, Andrea Pacheco, Lorena Buitrago, Valeria Torres) Calle 84A · 10-50 6 <sup>th</sup> Floor, Assistant Rep's Office
16:30 – 17:15	Interview with Population and Development Adviser, Paulo Javier Lara Calle 84A · 10-50 6 <sup>th</sup> Floor, Assistant Rep's Office

### Day 2. March 18, 2025

Time	Activity
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05:35 – 06:46	Trip Bogotá - Arauca Satena flight 8710 Departing from Puente Aereo - Terminal 2
08:00	Interview with Territorial Coordinator, Osmany Nieves Venue: Consultorio de Gestión de casos, Carrera 12 # 19-23
09:00	Focal group Government Venue: Auditorio CRUE / UAESA, calle 20 entre carreras 20 y 21
11:00	Focal Group International Coordination Venue: Auditorio ACNUR (UNHCR) Calle 20 #25-35. Barrio la Esperanza
12:30	Lunch
TBC	Focal Group Beneficiaries Venue: Carrera 12 # 19-23 Barrio Americas
18:30	Transfer to airport
20:39 – 21:50	Trip Arauca – Bogotá Satena flight 8715

### Day 3. March 19, 2025

Time	Activity
	Interviews Bogotá (UNFPA- UNSystem-Government -Implementing Partner)
08:15 – 09:00	
09:00 – 09:45	Interview with Ana Lucía López Salazar, Project Manager, Barco Hospital (IP)  UNFPA Meeting Room 6 <sup>th</sup> Floor
10:00 – 10:45	Interview with Assistant Representative, Martha Lucía Rubio Mendoza  Calle 84A · 10-50 6 <sup>th</sup> Floor, Assistant Rep's Office
11:00 – 11:30	Review of schedule  UNFPA Meeting Room 6 <sup>th</sup> Floor
11:30 – 12:30	

12:30	Lunch
14:00 – 14:45	Interview with Adolescents and Youth Advisor, Johanna Blanco UNFPA Meeting Room 6 <sup>th</sup> Floor
15:00 – 15:45	Interview with Sexual and Reproductive Health Advisor, José Luis Wilches UNFPA Meeting Room 6 <sup>th</sup> Floor
16:00 – 16:45	Interview with PM&E Advisor, Rubby Martínez UNFPA Meeting Room 6 <sup>th</sup> Floor
17:00 – 17:45	

### Day 4. March 20, 2025

Time	Activity
	Trip Bogotá - Cúcuta
06:08 – 07:28	Avianca flight 9454 Departure from Terminal 1
08:30 - 10:00	Focal group Government Venue: Casa ONU, Av.0 #17-71, 3rd Floor, Edificio Qbico
10:30 - 12:30	Focal Group International Coordination Venue: Casa ONU, Av.0 #17-71, 3rd Floor, Edificio Qbico
12:30	Lunch and Interview with Territorial Coordinator, Dildar Salamanca Venue: TBC
14:30 - 17:00	Focal Group Beneficiaries Venue: Espacio Seguro El Talento
17:00	Transfer to airport
18:40 – 20:00	Trip Cúcuta – Bogotá Avianca flight 9341

## Day 5. March 21, 2025

Time	Activity
	Interviews Bogotá (UNFPA- UNSystem-Government -Implementing Partner)
08:00 – 08:45	Interview with Gender, Rights and Interculturality Advisor, Laura Lozano UNFPA Meeting Room 6 <sup>th</sup> Floor
09:00 – 09:45	Interview with UN Women Deputy Representative, María Ines Salamanca UNFPA Meeting Room 6 <sup>th</sup> Floor Virtual <a href="https://meet.google.com/fzt-mndz-snx">meet.google.com/fzt-mndz-snx</a>
10:00 – 10:45	Interview with The Presidential Agency for International Cooperation of Colombia (APC-Colombia) - <ul style="list-style-type: none"> <li>• Laura Milena Cadavid, Coordinator of Multilateral Sources</li> <li>• Ingrid Zuleima Robles, Liaison Officer for UNFPA, International Cooperation Demand Management Directorate</li> </ul> UNFPA Meeting Room 6 <sup>th</sup> Floor
11:00 – 11:45	Interview with Angel Meza, Nariño Regional Coordinator, Alianza por la Solidaridad - APS- (IP) UNFPA Meeting Room 6 <sup>th</sup> Floor Virtual <a href="https://meet.google.com/ixi-rwis-htf">meet.google.com/ixi-rwis-htf</a>
12:00 – 12:45	Debrief with Assistant Representative, Martha Lucía Rubio Mendoza Calle 84A · 10-50 6 <sup>th</sup> Floor, Assistant Rep's Office



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